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ARTICLE I.

MEMOIR OF DR. BELL.

We have the gratification of presenting to our readers in the present number of the Journal of Insanity, a beautifully executed mezzotint portrait of the President of the *American Association of Medical Superintendents of Institutions for the Insane*, a gentleman who ranks in the number of those who have been longest devoted to the cultivation of that great field of science and philanthropy, to which our periodical is devoted. As the individual is understood to be about retiring from an active participation in the duties of the hospital care and treatment of the insane, we have believed that those engaged in the same pursuit and interested in this now prominent cause, would derive satisfaction not only from recalling the features, but in a brief sketch of the life of so well known a fellow laborer.

As fortunately we are not yet called upon to finish the biographical record of our friend or to write his eulogy, good taste and regard to the sensibilities of our living subject forbid our entering upon any considerations growing out of his character and pursuits beyond a simple statement of facts. We shall therefore gladly adopt the very becoming rule of one of our most extensive Missionary Associations in detailing the movements of its servants, and eschew every eulogistic phrase which would naturally flow to one's pen while discoursing of the individual, and his connection with a subject so likely to run into sentiments of earnest feeling, as the efforts to relieve those deprived of reason, man's distinctive prerogative. A friend has done us the favor to collect the dates and minutes of events, and in placing them on this permanent record, we design to avoid every laudatory comment.

VOL. XI. No. 2.

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The following sketch, published some years ago in *The Congregational Journal*, a religious newspaper of New Hampshire, from the pen of the Rev. Mr. Wood, its editor, now Consul at Beyroot, offers us a suitable introduction of what is usually expected to precede the immediate career of the individual, who is to occupy a prominent place in the picture :

“Features of mind are as hereditary in a family as features of face, and a vigorous intellect is transmitted as well as a strong and healthy constitution. We were reminded of this fact by the recent nomination to important and honorable offices of two sons of the late HON. SAMUEL BELL of Chester.

The ancestors of Mr. Bell were of the Scotch-Irish stock, who settled the ancient and honorable town of Londonderry, and from whom have descended more men of talent and eminent position than from the settlers of any country town in New-England—and we had almost said in the Union. Indeed, on the sober second thought, we will say it. The father of Senator Bell, (for such is the title usually employed to distinguish him from his brother, the late Hon. John Bell,) was a plain farmer, and also an Elder in the Presbyterian Church in Londonderry, whose plain and substantial dwelling, in which he reared a family of so much promise and accomplishment, was standing a few years since, and pointed out to us a mile or two west of the “Lower Village” and Pinkerton Academy. Senator Bell was graduated at Dartmouth College in 1793, with the class of which Rev. Dr. Z. S. Moore, President of Williams and afterwards the first President of Amherst College, Hon. Moses P. Payson of Bath, Hon. Erastus Root, a distinguished politician and member of Congress from western New-York, and Rev. Ebenezer Price of Boscawen, were members. During his life he filled successively the high offices of Chief Justice and Governor of the State, and Senator in Congress, in all of which he sustained himself with high reputation. The honorary degree of LL. D. was conferred upon him by Bowdoin College, and he died in the quietude of private life in 1850, full of years and honors.

Of his sons, JOHN BELL graduated at Union College in 1819, after nearly completing his education in the “New-Hampshire University,” for a while the rival of Dartmouth. He took his medical degree at Bowdoin College, and afterwards pursued his studies in Paris. Upon returning he was appointed Professor of Anatomy and Surgery in the University of Vermont. Having established himself in his profession in the city of New York, he was obliged, from his consumptive tendencies, to repair to the south, and resided for a time in Natchez, but finally went to Louisiana, and died in 1830 in the house of Mr. Quitman, since well known as a General in the Mexican war. Of elegant scholarship and taste, and an enthusiast in his profession, had his life been spared no one of the brotherhood would have conferred upon the family or State more honor.

LUTHER V. BELL, M. D., received his medical degree at Dartmouth College in 1826, and the degree of LL. D. from King's College, Nova Scotia. We believe he graduated at Brunswick, and also pursued his professional studies in Europe. For some time he pursued his profession in this town and Derry, and for some fifteen years has been the

successful and popular Superintendent of the McLean Asylum for the Insane, in Charlestown, Mass. He is at present one of the Executive Councillors, and has lately been nominated by the Whig party as a candidate for Congress for the district in which he resides.

HON. SAMUEL D. BELL, of Manchester, is a graduate of Harvard University, and distinguished as a learned and able lawyer, was some years since made one of the Judges of the Superior Court.

JAMES BELL, Esq., of Guilford, also graduated at Bowdoin, and for some years pursued the practice of law in Exeter, in which he attained a position, both for integrity and ability, among the very first lawyers who have honored the bar of the State. For some years past he has resided in Guilford, in a wild spot overlooking a beautiful bay of Winsipisegee. He has recently been nominated the Whig candidate for Governor, than whom no one has ever brought a more admirable combination of qualifications to honor and adorn the chair of State."

We learn by a reference to the Triennial Catalogue of Bowdoin College, that Dr. Bell graduated at that institution in 1823. As he was born toward the close, (Dec. 20.) of the year 1806, it follows that he must have entered College when but twelve years of age. To those cognizant of the average ages and the requirements of those matriculated at the interior Colleges of New-England, so early an admission will be considered as quite unusual. In one of the same species of Catalogues of a literary society of that institution, which has been transmitted to us, we notice that he is recorded as having pronounced the *poem* on the occasion of an anniversary celebration in 1822, when he could only have been fifteen or sixteen years old. We note also in this connection, that within the last three years, he delivered the Anniversary Address before the same association, on the day preceding commencement.

Of Dr. Bell's College life, of course there is little to be said. A hunter up of trifles has ascertained for us, that his part in the graduation exercises was a discourse upon American Art,—suggestive perhaps of the probability that his early tastes were in the same general direction, as those marking mature life.

Among his classmates were several who have arrived at considerable distinction. The late Prof. Benjamin Lincoln, M. D., was only prevented by premature death from attaining the highest rank in the sciences of Anatomy and Physiology, to which he had devoted himself.—The present Governor of Maine, William George Crosby, and the recently appointed Senator, William Pitt Fessenden, were also of his class. And in the classes immediately approximate to his and all among his friends, were Gen. Franklin Pierce, now President of the United States, Prof. Stowe, the distinguished biblical scholar, Nathan-

iel Hawthorne, the second Irving, Longfellow, the poet, Dr. Ray, the author of the "Medical Jurisprudence of Insanity," and several others who have made a decided mark on their times, in various fields of science and letters. Rarely has so bright a galaxy of talent been exhibited as was presented in those four years of a remote and comparatively small collegiate institution.

During the first year of the College life of Gen. Pierce, now President of the United States, he was the room-mate or College *chum* of the subject of our memoir, who, as observed, was one class in advance of him. Their mothers had stood in the relation of cousins, and their fathers had long been residents of the same county and maintaining strong personal and political attachments, the latter only of which were sundered in the general breaking up of party lines in 1828. Gen. Benjamin Pierce brought his son over to the house of Gov. Bell, and Frank was introduced to College life under the guidance of young Bell, who had already been a year at the institution.

A warm friendship, commencing thus hereditarily, and matured under such circumstances, has ever been maintained, notwithstanding in the angry and excited discussions of New-Hampshire politics, their lines fell on directly opposing sides.

A memorable illustration, alike honorable to both parties, presented itself soon after the commencement of the excited Presidential canvass of 1852. Dr. Bell had been a member of the Whig National Convention at Baltimore, as a delegate from the Middlesex district.—famous, we may incidentally remark, as containing within its limits the Revolutionary battle grounds of Lexington, Concord, and Bunker's Hill. The result of the action of that body, as is well known, was the nomination of Major General Scott. The constituency of the district, as of Massachusetts generally, were earnest in their hopes that it might have fallen on Daniel Webster. Dr. Bell, alike in accordance with his own feelings and the unanimous instructions of those who had honored him with this trust, had raised his voice in favor of the great "Defender of the Constitution," from first to last. But when the Convention by a fair expression had fixed upon the celebrated warrior as its choice, Dr. Bell arose and gave in the adhesion and acceptance of his constituency to the nominee. The disappointment of the people of Massachusetts at the result of the nomination was extreme, requiring the fullest assurances from all those who participated in the Convention, that its every proceeding was fair and equitable, to reconcile them to that concurrence, which was eventually pronounced in a majority of their votes.

A great meeting for Ratification was forthwith called in Faneuil Hall,

the "Old Cradle of Liberty," in Boston. The various delegates were invited to take the stand,—not to be the recipients of grateful applause as is wont on such occasions, as bearers of good tidings, but rather to declare as witnesses, that the proceedings at Baltimore were fair, regular, untainted with fraud, and therefore obligatory. Dr. Bell did not hesitate to obey the call, but at the same time declared, that in speaking on such a topic as the nominations just made, he could not feel at liberty to pass over and seem to sanction by silence, the false and disgraceful imputations which were then beginning to be scattered broadcast against the personal honor of his old friend, the rival candidate to the nomination they were met to sanction. Dr. Bell felt, as his friendly relations to Gen. Pierce had been alluded to in the first memoirs of that gentleman which his nomination had called forth, that not to defend him, so far as his own knowledge and convictions were concerned, was to act an unmanly part. "Could our positions be imagined as reversed, I know that *he* would do the same," was his reply to an earnest partisan, aware of his intention, who observed that it was sufficient "for each side to praise its own men." Gen. Pierce received at that immense Scott Ratification meeting, a warm and earnest tribute to the generosity, magnanimity and courage of his character from his youth upwards, which drew down the applause of the vast assemblage, whigs, democrats and freesoilers. The speaker appealed to his audience to spurn the base slanders, no matter on which side they might be poured forth, which on a former occasion had drawn from the presses of the down trodden monarchies of Europe the sarcastic comment, that the Americans were in full quarrel as to which of their two most contemptible villains should be elected their President!

We have reason to know that Gen. Pierce was deeply touched by an incident so unusual in our political contests. In this case, the political antecedents and direct association in the questions pending of the speaker were such, as wholly to exclude the idea that any selfish interests could underlie the freewill offering of this testimony.

But to return from this digression. After leaving College, the profession of medicine was immediately entered upon, not so much by any act of deliberate choice, as in accordance with a spontaneous prepossession;—as a pursuit which he and his whole family had always taken it for granted he would follow. In attainment of the best advantages, he betook himself to the city of New-York, where his elder brother had for some time been settled in a successful career, and whose connection with the wide field of practice opened by the City Dispensary, the Eye Infirmary, &c., was believed to offer the greatest advantages to a neo-

phyte, in a practical point of view. He remained there during most of his pupilage, attending the practice of the public institutions and courses of private lectures, which had to a considerable degree supplanted the effete and run down curriculum of the then languishing *College of Physicians and Surgeons*. Considerations connected with the existing condition of medical education in that city, induced him to graduate at an interior school, and he accordingly received his doctorate from the College of his native State in Sept., 1826, and of course, several months before he had attained his twentieth year. Judicious friends wisely interfered to prevent his acceptance of a surgical situation in one of the Colombian vessels of war, fitted out at New-York at that time, or indeed to engage in the momentous responsibilities incident to the practice of the medical profession, at so immature an age. In order to pass away the intermediate period, he entered a counting room in the "commercial emporium," where he remained until some months after he had arrived at his majority. In this field, he necessarily acquired a knowledge of business and of men, which no doubt has since been of considerable advantage in understanding the inner feelings and moving impulses of those in the busy spheres of life, so valuable to him who would "minister to the mind diseased," as well as useful in the management of one's own affairs. He decided to make his first attempt in professional life in that city, which had been so long his home, but had hardly engaged in the great venture for existence in the metropolitan lottery, where the prizes fall to so few, when the necessity of accompanying an only sister in a decline, to try the chances of a southern climate, broke up his entire preparations and extinguished his hopes. Her death at the south, and the almost simultaneous decease of his brother, Dr. John Bell, in Louisiana, where he had been compelled to flee before the same fell destroyer, led to an earnest desire both on his own part and that of his surviving relatives, whose small circle had been so sadly diminished, that he might forego the attempt to establish himself in a distant city, and settle himself down near his surviving parent. He accordingly decided upon a removal to the native town of the family, and commenced his professional practice in a field of the most discouraging and limited character. Trained up in the "easy ways" of a large city, totally unacquainted with the details of a country practice, unacclimated to the exposures and labors incident to the pursuit of his art in a hilly district of the "Granite State," the change from a six or seven years residence in New-York city was such as demanded no ordinary effort of resolution to meet. As there happened to be no practitioner of operative surgery in the region, and that being the branch most identified in the public

feeling with eminent ability in all other fields, he soon had a considerable extent of surgical and general consultation practice, gratifying to professional aspirations, but so laborious as to be utterly beyond his grade of physical vigor to endure.

An anecdote is related illustrative of the circumstances under which his earliest considerable operation,—an amputation of the lower limb, was met. Soon after his return to New-Hampshire, he was sent for a distance of some miles to visit in consultation, an elderly, corpulent and somewhat intemperate individual, whose lower extremity had been crushed by a heavy load of hay passing over it, crowding it into the deep and rocky rut of a causeway across a marsh. The first reaction from the shock of the injury was coming on when Dr. Bell arrived, and immediate amputation seemed the only chance upon which the patient's hopes of life were suspended. In such a constitution, the delay of a few hours was believed to be death. Enquiry was at once made of the physicians in attendance, as to there being any instruments to meet the emergency in the region round about, as Dr. B. having scarcely expected to have been called upon in this department at so early a day of his practice, had not furnished himself with them. It proved that there were no such implements nearer at hand than the new city of Lowell, a distance of over twenty miles each way, and of course, not attainable within the time within which their use was imperatively demanded, to render them useful at all. Dr. Bell did not hesitate both as to his duty and ability to undertake the operation with the rudest utensils, which a country cottage of the humblest description could furnish. Nor did he undervalue the still more imminent hazard to his rising reputation and future prospects, incident almost inevitably upon the not unreasonable event of the death of his patient, in being held responsible by professional competitors, for such a catastrophe by his recklessness in venturing upon the deed, without any due provision of the *armamentarium chirurgicum*, set forth in old *Scultetus*, and generally deemed essential in such cases.—To strap the unfortunate patient's razor to the keenest edge it was capable of bearing,—file up the carious teeth of an ancient *tenon saw*, remove the temper from a darning needle, so that when duly bent and placed in a handle, it should serve as a *tenaculum*, were the work of only a few minutes. After painting a spot in the groin with ink, to indicate to the inexperienced assistant where pressure was to be made upon the artery, he completed the operation with facility and success. The patient survived, a walking monument of the doctor's skill, during a number of years, and the last which our informant saw of him, he was working at his trade as a bricklayer, topping out a tall chimney, supported upon a

wooden leg, which the Doctor, whose mechanical dexterity is not unknown to his friends, had carved out for him, with his own hands! In the leisure intervals of this laborious life,—and to recognize its true character in a region like New-Hampshire, we can do no better than to refer to Sir Walter Scott's beautiful description* of his interview and conversation with Mungo Park, the celebrated African traveller, who for many years was a country practitioner in a perhaps not dissimilar district of Scotland,—Dr. Bell prepared a dissertation, afterwards published, to which the award of the Boylston Prize Medal for 1834, was made. Its subject was the dietetic regimen best fitted for the inhabitants of New-England, suggested to the committee of adjudication probably by the considerable progress which was then making of the wild vegetarian theories and practices of the notorious Sylvester Graham, recently deceased. The essay was considered as a triumphant refutation of all that there was worth refuting, in the principles of pathology or experience, adduced by a class of crotchety and enthusiastic men of far higher claims to respect, than the peculiar resuscitator of this constantly reviving delusion himself.

The subsequent year, another dissertation, presented for the same honorable recognition, was adjudged worthy of perpetuation in one of the volumes annually published and distributed to its members by that immense association, the Massachusetts Medical Society. Its subject was the *External Exploration of Diseases*, but was confined to the use of the modern diagnostic processes in diseases of the lungs. It forms the first third of the ninth volume of the *Library of Practical Medicine*, the rest of the work being composed of two treatises on the same subject, by Dr. Haxall of Virginia, and Dr. Holmes, the since celebrated poet, wit and anatomist.

The success of two such essays, proceeding from a before entirely unknown practitioner in the interior of New-Hampshire, introduced the name of their author very favorably to the profession in New-England, and had unquestionably a direct bearing on his subsequent advancement.

His next literary effort was the preparation of a small volume, entitled *An Attempt to investigate some obscure and undecided doctrines in relation to Small-Pox and varioliform diseases*. This was designed to meet a local necessity. The fatal epidemic of small pox had shown itself, under remarkable circumstances, in various sections of the interior, and had been followed with great mortality. As no epidemic of this kind had been known in New-Hampshire since the Revolutionary War, and its ravages fell upon districts wholly unprotected by vaccination or

* Surgeon's Daughter.

inoculation, the practitioners of the day were entirely unfamiliar with its nature and treatment. Extraordinary panics prevailed and the services of Dr. Bell were sought for to attend the fatal malady in various places at a distance from his residence, it being understood that during his pupilage in New-York, he had had abundant opportunities of witnessing and treating the disease. Dr. Bell's essay was published at this period in a small edition, making no pretensions, and served the purposes for which it was designed. On turning over its pages at this day, the medical scholar will find some curious and anomalous facts detailed, as having occurred within the writer's experience, as strange and mysterious yet, as they then were to him. For example, a small-pox epidemic of dreadful malignity presented itself at its outset in the person of an old man, who had not left his home for twenty years previous,—that home an isolated house removed from any public road, and not known to have been visited by any stranger. And what would seem to confirm the probability of its being a sporadic or self-generated disease, no case of small pox existed at that time in New-England. If it had been carried there by any transient person, why, in a district entirely unvaccinated, should it not have been scattered elsewhere? Another curious fact is given. Near the close of this epidemic, Dr. Bell was engaged to take charge of another series of cases about ten miles distant, which were undoubtedly received from another and known source of infection, the entire type of which was different. The first was very fatal, and vaccination of exposed individuals never prevented its developement. No person went within its sphere of infection without suffering. The last was very mild, vaccination always anticipating its effects, where a sufficient time elapsed to allow the vaccine disease to permeate the system, and various persons, unvaccinated or otherwise unprotected, were within speaking distance of the sick, without contracting the disease. A third epidemic prevailed during the same season, originating in another known and different focus, and maintaining specific peculiarities.

Some interesting experiments in attempting to introduce the variolous disease into the cow and horse, prove how diligently this interesting topic was investigated.

About this period, the attention of certain philanthropic and enlightened citizens of New-Hampshire began to be turned towards some better provision, or rather towards some provision for its insane. The success of the State Lunatic Hospital at Worcester in the adjoining State, was rapidly being recognized, and the enquiries set on foot by Dr. Bell and his associates, developed an amount of human suffering before un-

suspected. Since that period the wonderful devotion of Miss Dix and the labors of many others in various fields, have rendered what was then an almost incredible story of misery and guilt but a too stale and "thrice told tale." Among those who devoted themselves to this thankless and unpopular effort to induce the community to awake from its guilty lethargy, deserve to be enumerated the names of Gen. Peaslee, the present Collector of Boston, President Pierce, S. E. Cones, now of Washington, the late Charles J. Fox, and a few others. Time after time, the Legislature refused the necessary sanction for an Asylum. Political leaders shrank from the expense, assuming as they often do a much lower estimate of the intelligence and moral worth of the people, than the facts warrant. Eventually, however, these efforts proved successful, and resulted in the establishment, by private subscriptions and State aid, of that excellent institution, *The N. H. Asylum for the Insane*, the subsequent history of which is not unknown to the readers of this Journal. The apprehensions of the most servile popularity hunter, that its cost would jeopard its position before the community, have wholly failed. Economy and humanity have been alike subserved by its establishment. Many and large individual bequests have already flowed in upon it, and it forms the established nucleus, upon which the dying philanthropist of the Granite State, anxious that his posthumous wealth shall be forever active in good, will long continue to heap his surplus means.

Dr. Bell was then sent as a member of the General Court from the town where he resided, by an overwhelming majority. His sole object in allowing himself to be placed in a political position,—for all his avocations hitherto had been exclusively professional,—was that he might subserve this object. His previous connection with it having been generally known, he was at once placed on the Special Committee having it in charge, and was desired to draw up a report, which might operate on the people,—it being already certain that their representatives were not ready yet to sanction an enterprise, which would require a first outlay, equal to one half the entire amount of the ordinary annual expenditures for carrying on the civil government. His report upon the number and condition of the insane in the State, and the means of providing for them, was not only ordered to be published for distribution by the Legislature, (which very body refused at that time to sanction the urged establishment of a hospital,) an unaccustomed procedure in that State, but it was also reprinted in the Journals of both Houses, as worth perpetuation in the governmental history of New-Hampshire.

The project for an institution was also pressed by him upon the people by a series of articles in the leading newspaper and in various extempo-

aneous addresses, while the decision, which had been transferred to the people by the General Court, was pending.

Dr. Bell and his associates in their active and enthusiastic pursuit of this object, had determined to solve the then unknown problem of the extent of this calamity in our community. As New-Hampshire was a small State of only 300,000 inhabitants, and accessible to enquiry, it was believed that the statistics bearing on every relation of insanity could be ascertained with considerable accuracy. Letters were addressed to individuals in every town, who were ascertained to be competent and probably ready to answer the enquiries,—and these were repeated to others where failure occurred,—which procured exact statements, not merely of the number of those deprived of reason, but of the precise history of each case, name, sex, occupation, condition, duration of disease, present means of protection and the like. It is believed, that in no example have the precise statistics of the insane of a community been so well attained, as in this first reliable endeavor to secure so primary and principal a basis in all subsequent efforts for their relief.

The eventual success of this undertaking, under discouragements and delays of the most disheartening character, may well serve as a lesson of encouragement to all who now are or may be hereafter engaged in a really great and noble object of humanity, how certain it is to succeed, after such a people as ours are fully and carefully advised of its merits and practicability.

While attending a second session of the Legislature and pressing this object, he received very unexpectedly the intelligence of his having been appointed Physician and Superintendent of the McLean Asylum for the Insane, a department of the Massachusetts General Hospital. This institution, situated in a suburb of Boston, was then in the nineteenth year of its progress, having been the earliest one of the kind at the North, and had always enjoyed the highest reputation among the medical profession. Not having ever dreamed of the possibility of such a promotion, having made no application as a candidate, and not having any acquaintance with a single member of the Board of Trustees or indeed with scarcely an individual in the city, this honorable appointment came upon him with the utmost surprise. Having had little practical experience in such duties, he felt an overpowering diffidence in placing himself at the head of this oldest and best known hospital of the country, whose first physician, Dr. Rufus Wyman, had raised it to the highest grade of public estimation, and whose successor, Dr. Lee, during his brief stage of duty,—which had just been closed by an early death,—had enjoyed a rare degree of popularity.

He was appointed during the latter part of 1836, and entered upon his official duties at the beginning of the next year. Of his labors and their success from that date to the present time, a space of between seventeen and eighteen years, in that position, we cannot venture to speak, without hazard of infringing upon the rule laid down at starting, that phrases of eulogium as well as those of censure would be misplaced, in commenting upon the history of persons still on the stage of active life. It may, however, be stated in perfect conformity to this resolution, that his seventeen years Annual Reports will be found to contain a vast body of information and experience upon the character, treatment and jurisprudential relations of the insane, for it would be indeed marvellous, that any person should have entered upon this comparatively unexplored field, as it then was with us, and carried through it to some result, more or less favorable, no less a column of patients than between two and three thousand, without making essential additions to the common stock of knowledge. At the commencement of his engagement, the subject of insanity in this country, was just opening into a general and intense interest which has in a few years more than ten fold increased the number of institutions and their inmates. The readers of the *Journal* will need no better idea of this progress, than such as its ten years pages will have given them. It may in a brief and general remark be declared that the history of the rapid career of our country in no other element, will surpass its progress in its provisions to meet this great call of humanity. How much of this mighty and honorable advance may be due to the general onpressing tendency of our people in every good work, how much to the wise, prudent and successful conduct of the institutions already established in securing public favor, or how much to the unparalleled zeal, enlightened toil and self-sacrifices of certain missionaries of humanity, at the head of whom stands our celebrated countrywoman, Miss Dix, is not easily to be determined. It is a glorious and blessed incident in the history of what might otherwise have naturally enough been a century in progress, instead of less than a double decade, that amongst all interested in the great cause, there has been a perfect harmony of feeling, a freedom from unworthy jealousies, a readiness to welcome every laborer to the work, no matter whether male or female, lay or professional, indicating to all future time that the early servants in this sacred mission had an inner call, which obliterated and extinguished the disturbing intrusions of selfish hopes and aims.

In the establishment of that long list of hospitals for the insane, which has again and again been presented with lengthening column in our pages, it was natural that the aid of those most experienced in the same du-

ties should have been diligently sought. And it has in fact been no small share of the ever recurring functions of the older Superintendents, to advise, project, and embody their experience, in behalf of new undertakings. In this difficult and somewhat disheartening duty,—for it has often been the case, that the work has had to be done over and over again to successive sets of inexperienced officials,—he has been called upon as much as any hospital director, as having presided over the oldest and most liberally endowed institution, and has ever met the call with cheerfulness and willing labor.

In the successive projections of new hospitals, as State after State and community after community engaged in the duty, many of those who were most familiar with the conditions of things already existing on this side of the Atlantic, experienced a sad misgiving as the most liberal appropriations were permanently invested in bricks and mortar, that no progress was making in the architectural and mechanical appliances of insane institutions. The gross deficiencies of some of our most costly and magnificent palaces for this purpose, were glaringly conspicuous to the experienced glance. It was well known, that the type on which our edifices were constructed, was that derived from the by no means modern examples from Great Britain. It was felt to be quite a desideratum, that some practical person should visit the modern structures of Europe, where it was well known, great attention had latterly been bestowed upon this department. It was singular that no gentleman at the head of any of our hospitals had made any such canvass of the recent improvements abroad. It was true that the late Dr. Macdonald, our honored friend and distinguished fellow laborer, at the beginning of his connection with the Bloomingdale Asylum, had been wisely sent abroad by its managers, in search of improvements, but this was at an earlier day than the new regime of British hospitals. Dr. Earle had also published his *Visit to Thirteen Insane Hospitals in Europe*, but this had been made prior to his personal connection with any institution, and with no reference to those points upon which our deficiencies were suspected. And Dr. Bell himself had previously been in Europe, and had performed the usual superficial examination of casual visitors, to this class of public objects of interests.

In the latter part of 1845, the Trustees of the Butler Hospital for the Insane at Providence, Rhode Island, had commenced the usual enquiries preparatory to the location and erection of a first class institution, for which end the liberal donations of Mr. Cyrus Butler, Mr. Nicholas Brown and others were in waiting. Impressed with the belief that we had no models among us, to be compared with the recent examples of

the Old World, and anxious that a rapidly advancing cause should experience progress and not remain stationary in their hands, they solicited of the Trustees of the Massachusetts General Hospital, a sufficient leave of absence for Dr. Bell, to enable him to make the desired comparison and bring back from Europe any improvements in the *materiel* of insane hospitals, which might have been made. He at once assented to the arrangement, and in a week was on his way to the scene of his researches, sailing from New-York for London on the 2nd of January, 1846, trusting to complete his work and return in time to permit the erection of the edifice to be entered upon that same spring.

In the second volume of the Journal, are some extracts from his Report to the Trustees of the Butler Hospital, made on his return, with a diagram of the plan digested by him for their acceptance, from the abundant mass of materials collected in his rapid, but thorough exploration.— And in the fifth volume will be found a beautifully executed drawing of the complete establishment, and a ground plan of the interior arrangements of that hospital, which has since so fully met the highest hopes of its friends and sustained so honorable a rank in the catalogue of such charities.

Dr. Bell while abroad discovered as he had expected to do, that the insane institutions of Europe, and especially of Great Britain, had been making rapid strides of progress within the few previous years;—that an era had opened in the demands of the public upon those undertaking the duty of providing for this unfortunate class, as well as in the talents and acquirements of those who were fulfilling this demand. To such an extent was this true, that he did not hesitate to declare, that he found insane hospitals disused as obsolete and in process of being torn down, which were in every respect equal to some of those which were just completed at home! As some of our lately established institutions were confidently and loudly characterised by those interested, in entire ignorance, of course, of what had been done elsewhere, as “models,” such a comparative judgment could hardly fail of giving considerable offence in certain quarters.*

* We notice in the proceedings of the General Court of Massachusetts, that in conformity with an urgent report of the Trustees of the State Lunatic Hospital at Worcester, a Commission has been authorized to enquire into the expediency of abandoning that establishment, and replacing it *de novo*. This institution was opened in 1834, and was unfortunately believed to be a model establishment in its arrangements, by those who had had little opportunities of seeing any other. The extravagant official encomiums passed upon its architectural character up to quite a recent period, led to its being copied, again and again, until many of our States are to suffer for half or quarter of a century the effects of having been led to think by Boards of Commissioners, fresh in the study, that a superannuated and *passé* model of Great Britain, reproduced at Worcester, was the latest and most approved form for a hospital for the insane!

In his absence, which comprised, excluding the voyages, only a couple of months in Europe, he went from one recently built establishment to another, giving not the least attention to any incidental objects of interest, so that the impressions resting on his mind of Great Britain were, as he remarked, those of one immense congregation of lunatics in admirably fitted palaces! He brought back copies of many of these, which never had been published, and these plans with duplicates from them, have been widely distributed and used in the preparatory arrangements for similar undertakings, even to our most distant States and the adjacent provinces. We have learned the mode in which these plans were obtained, which explains how so extraordinary an amount of work was accomplished in so short a space of time, in the brief days of winter in those high latitudes.

By act of Parliament, every institution for the insane in Great Britain, is required to have conspicuously displayed in its vestibule, hall or other prominent point, a series of architectural plans indicating on a scale, every apartment used for the purpose of accommodating patients. This somewhat curious statute had its origin in the celebrated development by members of the Society of Friends, of abuses within the county hospital of York, patients having been there discovered in very improper lodges or cells, unknown to the official visitors in the occasional, unsystematic and superficial visitations, so likely always to end in neglects and abuses. Dr. Bell's habit was to devote the evenings of days spent in examination of hospitals,—and in which he says in his report, he was ever received with the most polite and fraternal spirit,—in tracing roughly these official plans upon oiled paper designed for transferring, inserting the measured or stated dimensions. In the abundant time of his long voyage home, these elements were sufficient to enable him to perfect an exact and finished facsimile of the original. So fully had his task been accomplished also in devising the plan ultimately adopted by the managers of the Rhode Island institution, that he was enabled to address a letter to them, when off Sandy Hook, intimating his readiness to wait upon them any day they might be pleased to appoint, to lay his design before them.

He also brought back with him the earliest accounts in any detail, of the new method, introduced into many of the recent constructions abroad, of effecting a complete and reliable ventilation by the application of a constant motive power, or what is now recognized as *coercive ventilation*, as distinguished from the previous attempts to remove foul or respired air by its spontaneous escape. A few copies of Dr. Reid's work on Ventilation had reached this country about that time, but no attempts

had been made to put in practice, what now is recognized as the *only* system. In the successive numbers of the Journal, may be traced the gradual recognition and adoption of this important improvement.—He also took an early opportunity, in pursuance of certain examples seen during his absence, to introduce into the Asylum under his direction a method of heating by the circulation of water, raised to near the boiling point, for the first time used in our insane hospitals. His opinions on these topics of ventilation and heating having been much sought for, not only in their relations to that class of structures in which he was most immediately interested, but for buildings for various other uses from prisons to dwelling houses,—such opinions often requiring protracted conferences and correspondence, he availed himself of the occasion of having been honored with the appointment to deliver the anniversary discourse before the Massachusetts Medical Society, to select these topics for the theme, and offered a condensed statement of the then condition of these practical arts.

It seems to have been the custom of this association,—one of the oldest, most respectable and largest within the Union, comprising in its catalogue the names of nearly a thousand members,—and it certainly is a custom not unworthy of imitation,—to sanction and encourage the publication of its annual address in a much more elaborate and extended form, than that in which it was originally delivered. The considerable invested funds and large number of members justify this expansion of an address into a more or less complete treatise. The speaker reads or delivers such portion of his discourse, as may be of a general scope and adapted for an oratorical occasion, referring his professional brethren to the published pages for the really instructive design of his effort. In this way have been given to the profession, many years since, the volume of Dr. Warren on the *Brain and Sensorial System of Man and Animals*; Dr. James Jackson's very perfect monograph of *Typhoid Fever*, with the analysis of the whole practice of the Massachusetts General Hospital in this disease; Dr. Hale's further examination of the same disease; Dr. Pierson's and Dr. Walker's valuable and original treatises on *Fractures*; Dr. Hayward on *Diseases of the Knee Joint*, and several other most useful and elaborate works. The real effect of this truly liberal system of allowing their Anniversary Orator a fair opportunity of doing himself justice, has been that the annual addresses instead of degenerating into mere exhortations upon the honors and duties of the physician's life, the elevation of the healing art, the prevention of empiricism, and the trite range of common places upon which a popular occasion might be met, have furnished forth some of our master pieces of

medical literature, such as those which have been named. The medical public too, received on these occasions much needed information which it could have reached in no other ordinary channel, for no bookseller would feel himself warranted in publishing works of so unattractive a class to the great mass of book buyers, as many of these monographs may well be deemed.

Dr. Bell's Address made over a hundred pages of one of the volumes of *Communications*, into which for a long series of years the Society has aggregated its published matter, and with the illustrative diagrams connected with it, is supposed to contain most of the facts, doctrines and experience at that time recognized as bearing upon Ventilation and Heating by Steam and Hot Water. At the earnest solicitation of friends, he had a small edition printed in a separate form, for the purpose of being given to those interested in its topics, making a thin bound volume, entitled, *The Practical Method of Ventilating Buildings, with an Appendix on Heating by Steam and Hot Water, &c.*

As an illustration of the timely character of this Address and the interest which had begun to prevail in its subject, it may be mentioned, that every copy of that published by the Society was distributed by applications to the Librarian within a few days, and the separate edition prepared only for private use—with the exception of a few copies distributed to Public Libraries, as he remarks in the preface, to fix the condition of a practical art at a given period—was soon exhausted in answer to applications from sources prompted only by a legitimate interest in its purposes. Dr. Bell's other contributions to the literature of his speciality and the profession generally, may be found in the pages of this Journal, his annual reports, and occasional contributions for many years past, mostly anonymous, to the *Boston Medical and Surgical Journal*.

His dissertation, originally read before the Association of Superintendents, contained in our sixth volume, upon a new form of disease occurring amongst the insane, has attracted much attention, and has been well studied by every person engaged in hospital practice amongst us. The new disease, which when first described was recognized by but few of his *confreres*, but very distinctly by those few, is now well admitted by the directors of almost every one of our institutions for the insane, and the peculiar features of that malady, which has been designated as "Bell's disease,"* by the learned author of the *Medical Jurisprudence of Insanity*, have formed a frequent subject of the discussions of the Asso-

* A number of our insane hospitals report annually cases of death from Bell's disease.

ciation, as it has become progressively a familiar and dreaded acquaintance to all of its members.

Dr. Bell was among those earliest in the effort to establish the Association of Superintendents just alluded to, attending its meetings from the first. As institution followed institution with unexampled rapidity, the necessity and advantages of a full interchange of opinions, a cultivation of the *esprit du corps*, and more or less clear understanding with each other, as to the mode in which the statistical results should be certified, became manifest. The happy effects of this free and fraternal intercommunication need not be enlarged upon.

The position of those engaged in the arduous and responsible duties of hospital direction, under this system of intimate co-operation and personal friendship, stands in most happy contrast to the state of this specialty in other countries. Dr. Woodward was its first presiding officer, followed by Dr. Ayl of Ohio, Dr. Brigham of Utica, and for the past two or three years by Dr. Bell.

Among the most heavy and responsible duties which have fallen upon those who have been at the head of our asylums for the insane, may well be reckoned their constantly demanded services in the courts of justice. For the last fifteen years, the cases both civil and criminal, involving the medical jurisprudence of insanity, have been very frequent, and the opinions of *experts* have assumed a controlling influence in such adjudications. In some of our States, as in Massachusetts, the courts have ruled out the testimony of the common practitioner of medicine in investigations requiring opinions on insanity, and the entire *onus* has fallen upon those specially engaged in the studies and duties connected with the insane. A most essential and fortunate change of views in the doctrines of responsibility under mental disease, has obtained throughout almost every section of our Union. A part of this softening from the rigor of ancient decisions, is doubtless ascribable to the gradually progressive, humane and enlightened spirit of the age. But it would be to overlook important modifying influences, were we to omit the bearing of certain prominent cases in which the professional testimony of Drs. Woodward, Ray, Brigham, and the subject of our memoir, had an unqualified weight upon the judicial, as well as the popular mind. The subsequent confirmation of the opinion of the *experts* by the sequel, where it had originally been met by a terrible weight of prejudices and distrust, no doubt served to crown such testimony with an authority, which otherwise would have been wanting. Substantiated by such experience in its previous accuracy, it was natural that the heads of these institutions, not presenting themselves as volunteers but as compelled

witnesses, with their almost unique opportunities of personal knowledge on the subject, should be regarded rather in the light of public aids to justice, than as mere witnesses for the side which summoned them. Fortunately among those thus called upon at the north at least, to assist courts of justice in their enquiries, there have been none of those crotchety, hair-splitting extremists, whose opinions, however learned and fine spun, carry with them so much of the impracticable, that courts, lawyers and juries, instinctively turn from them as confusing knowledge and making obscurity into darkness. It has been a most blessed circumstance in the modern interpretation of the law of insanity, which has at length brought it, as we conceive, to a true, righteous and lasting basis, that our courts have enjoyed the harmonious and common sense co-operation of our professional men in this department. An exactly contrary state of affairs is offered in every important case in Great Britain, where the leading men in the specialty, seem pitted against each other in the humiliating position of witnesses for the respective opposing parties, and not for science and truth.

It is an honorable and deserved testimony to the caution, sagacity and integrity of the professional witnesses who have pronounced opinions in favor of insane irresponsibility in the somewhat numerous class of criminal cases in New-England, where this defence has been set up, that in every example, the subsequent history of the acquitted has fully verified the correctness of the verdict. A long list of names transferred from the Penitentiary of Massachusetts to its State Lunatic Hospital as insane, on the decision of the Commission of Experts provided by the Statute of the Commonwealth in 1843, is still another corroboration of the ability of reaching a sound opinion by proper investigation, as the records of the Hospital offer no instance of mistaken judgment on the side of the experts, or successful simulation on the part of the prisoner. Dr. Bell has been called upon the witnesses' stand in discharge of this most painful, responsible and thankless duty more frequently, in all probability, than any other individual in this or any other country.

"The never ending still beginning," duties of the director of a large establishment for the insane necessarily forbid the expectation on his part of his entering into the pursuits of literary labor, beyond the circle of his immediate vocation. Dr. Bell has scarcely proved an exception to this general rule. He has delivered occasional lectures before Lyceums and literary institutions, on various topics, generally of a mechanical or philosophical nature.* Among these have been two essays upon

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the condition and prospects of the *Island of Cuba*, embracing the results of a winter's visit to that delightful region in search of health.—He had intended to have given to the public a small volume, comprising these addresses, had his ever pressing avocations permitted its preparation. His familiarity from youth with the Spanish language had opened to him the best sources of information in relation to that wonderful garden of the Western World. As its destinies are unfolded in their connection with our own Republic, it may be hoped that a design to add any thing which is reliable and accurate to what is now so meagre and inaccessible, may at some future time be resumed.

Among his literary efforts separate from the immediate subjects of the insane and their relations, may be enumerated as in print: *A Letter* to the Mayor and City authorities of Boston, in answer to their enquiries

described the plan of the "Atmospheric Telegraph," which certain parties have within the last year or two reproduced. A petition for aid in carrying it into practical operation is now pending before Congress. It is to be hoped that if the country sees fit to mature this grand experiment, its true inventor will not be overlooked. The following extract verbatim et literatim from Dr. Bell's MS. was published in the Boston Journal more than six years since.

"The next and last great mechanical invention which it has occurred to me as likely to be introduced in our times, is a mode by which letters, newspapers and documents, what is technically known as mail matter, may be conveyed between distant cities with a certainty and speed far outstripping all former experience in the history of postal arrangements—by which, for example, the whole mail communication between Boston and New-York should be made in a couple of hours, and without any addition of cost be repeated many times each day.

"But you are impatient to hear what new plan of flying or of rocket sending is to do this miracle of joining Boston and even New-Orleans in a few hours, and with such certainty that the labor and cost is scarcely to be increased by repeating the same thing as often as may be needed? I reply that the principle is no new or hypothetical speculation, but the new application of a long tried and tested machinery. It is simply the employment of an already invented, perfected resource of science to an end never dreamed of by the original authors of the discovery.

"Those of my audience who are in the habit of reading the newspapers, and who of them is not? may recall descriptions of or allusions to, a new kind of railway propulsion in Great Britain and France, known as the atmospheric system—a new mode of driving cars at the highest rates of speed and over the loftiest grades by a power obtained from the weight or pressure of the air in which we move. It is a method now in the full tide of experiment, in the hands of far-sighted scientific and sagacious capitalists. It was invented by an English civil engineer, named Samuda, and I had the gratification, on a recent visit to the old world, to spend an afternoon in riding over and thoroughly examining the detail, on the first actual portion which had been completed, a distance of about two miles near Dublin in Ireland. I think I can give a clear idea of it in a few words, and then its capability of supplying this new service to which I have dedicated it, will spontaneously address itself to every mind. I might add that the section on which I travelled had been then in operation eighteen months many times a day without ever losing a trip.

"The rails and the cars for passengers are precisely the same as upon any

of him touching the merits of a proposed new Jail;—an *Eulogy of Gen. Zachariah Taylor, delivered by appointment of the authorities of the City of Cambridge*; *An Address before the Middlesex Agricultural Society*, 1851; *An Address of a Committee to the Electors of the Fourth Congressional District*, in 1848, and the *Address of the Whig State Central Committee*, in 1853, in relation to the choice of delegates for the revision of the Constitution of the Commonwealth.

By the titles of these addresses, it will be seen that our professional confrere has interspersed the sad and stern avocations of his daily professional life, with some participation in the political *divertissements* of the day. We believe however that he never has but on one or two occasions, since his residence in Massachusetts, assumed any official station. During a single year, 1850, he held the post of Executive Councilor in

common railroad. Between the rails, and imbedded in the ground up to its upper surface, is a cast iron tube or cylinder, 15 inches in diameter, with screw flanges by which the ends of the different pieces are kept together air-tight, precisely like some kinds of pipe for conveying water or gas in cities. This tube extends from one end of the road to the other. A valve, or flap of sole leather, stiffened with plates of sheet iron, is attached its whole length to one side of this slit, acting like a hinge. This valve lays down flat over the slit, and is liberally lubricated with a proper composition of tar and grease, in order to have it as near air-tight as convenient. At the end of the road, a coarse, heavy, common high pressure steam engine, in a stationary building, works a large air pump or cylinder, such as you may have seen in foundries, or forges to blow, except this sucks out or exhausts, instead of forcing in. A tube passes from this air pump to the great trunk between the rails, and exhausts the air from it with great rapidity. As soon as a few strokes are made, the pressure of the outside air forces the longitudinal valve so closely upon its seat, that no leakage is to be apprehended.

“Now if you will conceive of a circular head or plunger, to be placed in the extremity of the tube farthest from the stationary engine, and the air of the atmosphere free to press upon its side, you will at once see that it would be crowded along rapidly, and with a force depending on its size and the degree to which the air was exhausted. If the whole air should be pumped out, the pressure upon each square inch of surface would be 15 lbs., throwing away fractions. But in practice, the first portion of the air is so much more readily exhausted than after it gets thin, that they do not attempt to work with more than 7 or 8 lbs. to the inch, preferring to increase their power, if occasion calls, by increasing the size of the tube and plunger. If the area of the plunger was equal to a foot square, the full atmospheric pressure 144 by 15 would be equal to 2160 lbs., or the plunger would exert a force of over a ton in urging its way to the end of the tube. Now if you will imagine a thin iron bar, connected with this plunger, and passing up through the valve or slit in the iron tube and fastened to the bottom of the passenger car, you will have all the main parts of this curious invention. The plunger is set some feet in advance of the place where the connecting bar passes through the slit by a turn at right angles within the tube. The object of this is, that no air shall pass by the valve into the tube, while in the act of being raised. The plunger is set *forward*, you will understand, to where the valve is yet unraised, and its cementing unbroken.

“The conductor a few minutes before the hour of starting gives notice to the air-pump man who puts his engine in motion, and sucks out the air, until

the administration of Gov. Briggs, but finding that its duties made a much more considerable inroad upon his time and labor than he had been led to anticipate, announced at a very early period of his incumbency, that under no circumstances should he again be a candidate before the Legislature for re-election. In this body of nine members, he made one of the Committee on Pardons, the most difficult and among the most responsible of the Executive duties. Under the system long pursued in that State, and the wisdom of which has been most fully substantiated by experience, all applications for remissions of punishment are referred as a matter of course to this committee, which holds open sessions on stated days, to investigate all the considerations which may be brought to bear in any case to avert the regular course of justice. Their report is a basis upon which the Executive action rarely, if ever, fails to be grounded. It so happened, during the term of service of that year, that some of the most memorable cases in the history of crime, were brought

the conductor sees by a barometer in the car, which is connected with the exhausted tube, that he has a due number of pounds of pressure, to start with. It is an interesting fact discovered in this invention, that the air is so perfectly elastic,—so immediately does that which remains rush in to supply the place of that which is removed that a barometer placed at the pump, and another at a distance of some miles, begin to drop at the same instant, as determined by signal or magnetic telegraph.

"The exhaustion being sufficient, the conductor raises a pin which has restrained the headway of his fiery courser; the air presses against the plunger, driving it and its attached cars and passengers, with a safety, (because tied to the track with iron bands) a speed, a smoothness, a silence, which put the ordinary machine quite in the background. That this is no fancy picture, I can assure you from personal experience.

"Now to apply this principle of atmospheric pressure to purposes of conveyance of mail matter, let us dispense at once with all the apparatus except the tube, leaving out the slit and valves and reducing it to nothing more than the common size of the water pipes now laying down in such profusion in the neighboring city, with an air pump at each end as the transportation is required in both directions. Attach to the plunger a long cylindrical trunk or box, with suitable friction wheels to ease its progress.—fill this with your papers and the thing is done. At a specified time, or when notified by telegraph, the air pump is set in motion, the plunger and its attachment rush forward with a velocity which has no limit, except the stability of materials. When we consider that almost all the expense of this system, would be in its iron pipes, that the manufacture and joining of these is a familiar process, that cities of the size of Boston, of their own municipal resources and for conveniences of less moment than the mails, are able to put down miles enough of gas and water pipes to stretch from one city to another all along the line of dense population on the Atlantic, the idea of an immense, wealthy nation of twenty millions of people, being unable to furnish facilities like these, is out of the question.

"The days are passed by when it is practicable for government ever to have again a monopoly of the mails, unless it can outstrip all private competition.—To render the mail beyond doubt, it must be a government monopoly, and by the establishment of such a system as that described, along the main routes, the outlay would be speedily repaid by the utter impossibility of any mode of transportation approaching it in rapidity."

before this Committee, requiring its decision, which as customary, was accepted as that of the Executive. Among these were nearly simultaneously two individuals of some extraordinary points of parallelism and antagonism. These were a man of the name of Daniel Pearson, convicted of the murder of his wife and infant twin children, and Professor John White Webster of Harvard University, under sentence for the murder of Dr. George Parkman, a romance of crime of world wide notoriety.

In the former case before the Council, as before the Court and Jury, the ground on which the claim to mercy or rather justice was set up, was that the prisoner was laboring under insanity. Dr. Bell stood in a somewhat peculiar position in this case. He had been taken from his seat at the Council Board to testify in Court as an *expert*, upon this defence, and then was bound to act as one of the final arbiters of the soundness of this, the only plea, on which the remotest hopes of averting his doom could be placed. With the advice of friends of the Executive Board, he made a special Report, embodying all the facts and the reasons for believing that any real mental disorder did not exist,—as well as the untenable character of the grounds on which the Jury had accompanied their verdict with a recommendation to mercy,—which was published. The public mind, which had been considerably influenced by the Jury's suggestion as to Pearson's "low condition of moral culture," as well as the flying reports of his insanity, was entirely satisfied. Pearson's dying declaration substantiated the certainty of his responsibility, admitting as he did that he had tried to feign the indications of insanity, which had moved certain humane people who could not believe it possible that a sane man *could* have done so unparalleled a deed of horror as he was proved to have done, to these efforts to save his life.

In the action upon the memorable case of Professor Webster, a still more painful duty fell upon all who had any participation in that remarkable triumph of law and justice. The prisoner from his long connection with the ancient University and the Medical College, and from his having been engaged in many occasions of public interest where chemical skill was an element in enquiries, was more generally known to the leading men of the community than would usually happen to most secluded Professors. He stood in this relation of friendly acquaintance to the members of the Court, and to the Executive. The duty which fell upon the final arbiters of his doom was one "inexpressibly painful"—to use the language of the venerated Chief Justice Shaw. The ground on which a commutation of his punishment was solicited was not destitute of plausibility even after his strange confession had knocked away the entire foundation of the non-proven theory which so many members of

the legal profession at a distance, misled by the inaccurate reports of the protracted trial, had earnestly pressed. The theory of the Common Law that an unexplained homicide was to be accounted as a *murder* could be placed in such illustrations as seemed to make it enormously unjust.

The emergency was met with unflinching firmness. The great question was to be decided before the world, whether under the institutions of the Old Commonwealth, justice would be meted out to all alike, rich and poor, exalted and humble, learned and ignorant. The doubting, the suspicious and the radical saw here the two extremes of the mean of New-England society,—for Pearson was a person of some education and property,—placed together for equally horrible and atrocious murders. Would one be taken and the other left? The event is well known. The judgement of the wise and good, the world over, followed with its approval the men who in the various stages of these sad duties, had proved equal to the expectations of those who founded the Constitution and the Laws.

Dr. Bell was the candidate of the Whig party of the Seventh Congressional District of Massachusetts, at the last election for representative. He received at the convention for nomination the *unanimous* vote at the first balloting. Considering that there had been a new apportionment of districts, and that his place of residence had been thereby thrown into a remote corner of the new district, we are told that so high a degree of harmony is almost without a parallel in the history of these matters. At the first trial, he had a plurality of some 1500 votes over either of his competitors, which in almost any other State than Massachusetts would have rendered his election certain. At a subsequent trial a union of the two opposing parties upon a single candidate defeated him by some three hundred votes.

Still more recently he has served as a delegate in the convention for revising the State Constitution. His position was amongst those who were utterly opposed to the very considerable innovations proposed upon that ancient instrument, but in favor of a reasonable extent of changes, the necessity of which had been gradually forced upon the general mind of the community. The people, by a decided expression, have since wholly repudiated the work accomplished by the majority of their Revising Convention. Dr. B. is understood to enjoy in a very full degree the confidence of that political party with which he has ever been associated. At the recent nomination of State Officers, his name was urged by a portion of the public press for the candidacy to the gubernatorial office; and despite his earnest remonstrances against its use, and against the efforts of his personal friends, a portion of the vote was thrown for him.

Such have been some of the incidents, personal and professional, in the features of our collaborator, which we have been able to collect. The life of a professional man can have few moving adventures to aid the pen of the memoir writer. Dr. Bell's history is mainly that of the developement of the progressive efforts of the wise and benevolent of our land to ameliorate the condition of the insane. It was the accident of his career to enter this field at a period when this subject was just beginning to attract the general attention, and he has endeavored to do his part of the great work which events have indicated as ready to be done. The result of the last twenty years may be summed up by saying, that the less than five hundred patients, then cared for in hospitals for the insane, have now reached a total of between five and six thousand.

After a protracted period of service—longer than has scarcely ever been realized by laborers in this arduous field of duty, Dr. Bell has seen good reasons in the state of his own health, to decide upon retiring to the shades of private life, notwithstanding the most flattering inducements held out to him by that liberal corporation in whose service he has been so long engaged to a continuance in office with diminished cares and toils. Although the dates we have given show him to be still on this side that climacteric period when “the grade changes from ascent to decline,” we can not express surprise that he should wish to bring to a close so long and severe a day's labor. A wise man will always prefer to withdraw from office, when he can feel that he is desired to remain, and under such circumstances that long as his life may be protracted, he can turn his eyes upon the scenes where his great work has been done, with gladness and gratification.

The clouds of domestic calamity have fallen upon our friend with intense darkness within the few past years. Children have been taken from him, one after another, at the most touching epochs of parental attachment, and under the brightest hopes. The countenance which has been wont to raise and solace the afflicted and miserable, can no longer be the index of a glowing and cheerful heart within. He that knows not how to be comforted himself, can scarcely pour the balm of consolation into the wounds of others!

ARTICLE II.

REMARKS ON THE CONSTRUCTION, ORGANIZATION AND GENERAL ARRANGEMENTS OF HOSPITALS FOR THE INSANE. BY THOMAS S. KIRKBRIDE, M. D., PHYSICIAN TO THE PENNSYLVANIA HOSPITAL FOR THE INSANE.

[Continued from No. 1, page 37.]

Important as it is in every point of view that the buildings intended for the custody and treatment of the insane should be constructed in the best manner, and furnished with every convenience calculated to promote the comfort of the patients and to facilitate their management,—still all these will result in comparatively small benefit to the afflicted, unless the system of internal organization and the general arrangements are based on correct principles and carried out with judicious liberality.

Upon most of the prominent points connected with this subject, there is believed to be nearly entire unanimity of sentiment, among those who have charge of the Hospitals for the Insane, in the United States, so that in expressing my own opinions on a large part of them, I have little more to do than to record the convictions which have been forced upon a majority of those who have had opportunities of testing practically the actual requirements of this class of institutions.

During a somewhat protracted connection with Hospitals of this kind, it has been my good fortune to be associated with Boards of Managers, and with assistant officers, whose views have so generally harmonized with my own, that our intercourse has always been of the most agreeable kind, and my suggestions have ever received that prompt and liberal consideration which leaves me no cause for complaints. For these reasons, as well as from a feeling that my period of service in the cause has been nearly as much protracted as can reasonably be required of one individual, and not knowing of any favors I am likely to have to ask for myself in the future, and being quite sure I have no past wrongs to redress, I shall deem myself at liberty to speak with entire freedom on this subject, without being chargeable with the slightest indelicacy, or of being influenced by personal considerations,—as much so, as though I neither had, nor expected to have any connection with such an institution. My only motive is to be useful to the insane, and the community, to save Boards of Trustees or Managers, the trouble and disap-

pointment of resorting to experiments, which have been tried over and over again, and always with bad results, and to enable those who take charge of new Hospitals, to begin under circumstances that will allow them, from the start, to devote themselves to the welfare of their patients, and thus show the public how much good these institutions are capable of effecting.

Those who are hereafter to organize new institutions for the Insane, can scarcely be expected, in the commencement of their career, to be able to recommend what is most desirable, unless they have the means of comparing the candid sentiments and the results of the experience of those who have gone before them.

OFFICERS.—The officers of a Hospital for the Insane should consist of a Board of Trustees or Managers, as they may be called, and a Treasurer,—of a Physician in Chief, of one or two Assistant Physicians, according to the number and kind of patients under treatment, and of a Steward and Matron.

TRUSTEES.—The general controlling power over such a hospital, should be vested in the Board of Trustees, whose mode of appointment will necessarily be varied according to the character of the institution with which they are connected. In private charitable corporations they will be chosen according to the prescribed forms, by those duly qualified to vote,—while in State institutions, their appointment will generally be either by nomination made by the Governor, and confirmed by the Senate, or they will be selected directly by the Judges of the Supreme or other Superior State Court. The precise mode of election, however, is not of so much importance as the kind of men who are chosen, and that a determination should exist to prevent every thing like personal or political influences controlling their appointment.

The number composing this Board should never exceed twelve, while nine will often be preferable. Their tenure of office should be so arranged, that if changes are deemed desirable, the terms of only a limited number, should expire in any one year. Every one nominated for such a post, should possess the public confidence in a high degree, be distinguished for liberality, intelligence and active benevolence, be a man of business habits and able and willing faithfully to attend to the duties of the station.

The Trustees will have the general supervision of the institution and of its affairs, and they should at frequent stated intervals, either as a Board, or by Committees, make visits through every part of the Hospital, and exercise so thorough an oversight of its expenditures and of its operations generally, as will tend to secure the confidence of the whole community, and especially of those whose friends are committed to its charge.

One of the most important duties connected with the trust of these officers, will be the appointment of the Physician to the institution, and on his nomination, and not otherwise, suitable persons to act as Assistant Physicians, Steward and Matron.

The members of a Board of Trustees, performing their duties properly, are always able to exercise a most important influence on the prosperity of any institution, and in the welfare of its inmates; and they may also by injudicious measures, or a want of interest in its affairs, produce effects of an entirely different character. While giving the strictest attention to their own appropriate functions, they should most carefully avoid any interference with what is delegated to others, or meddling with the direction of details for which others are responsible. Especially should they avoid any personal interest in subordinates, that might lead them to a course that would weaken the authority of the principal of the institution. It would, indeed, be a safe principle to adopt, that there should be no ties of a personal or pecuniary character, between a member of the Board of Trustees, and those who are employed in any of the departments of an institution, which could at any time prevent an unbiassed judgment in a case of difficulty. Under no circumstances, should a Trustee so far forget the proprieties of his station, as to resort to subordinates for information that should come from the principal,—or to circulate unfavorable reports in regard to the institution, without having first informed this officer of their existence and tendency, and learned from him their truth or falsehood, as well as the reasons which may have induced acts, which although correct in themselves, might, without proper explanation, be readily so misunderstood as to do great injustice to innocent parties.

Boards of Trustees, while exercising the strictest honorable scrutiny of their officers, should be prepared, on every proper occasion, to give them a steadfast support in the performance of their arduous and responsible duties. They can thus add most essentially to their power of doing good. It is a great encouragement to those who are engaged in this vocation, to find their efforts properly appreciated by those, to whom they are directly responsible, and who ought to be most familiar with their modes of management and the beneficial results of their labors.

It is scarcely necessary to say that it is quite inadmissible for Trustees to have an interest, directly or indirectly, in any contract, with which the Hospital is concerned. Such a course may at least lead to suspicions, the existence of which, however groundless, is always to be deprecated, and might under some circumstances prevent a trustee from acting honorably and impartially.

Boards of Trustees should perform their duties without compensation, but the expenses actually incurred should be returned to them.

TREASURER.—The Treasurer should be a salaried officer, elected by the Trustees, and giving ample security for the faithful performance of his duties. He must reside in the vicinity of the hospital, but not in it; he should collect all monies due the institution, and should receive, hold and disburse all the funds that may come under the control of the Trustees.

He should pay the orders of the Steward, only when accompanied by bills of particulars, specifying the object of the payment, and certified by the Superintending Physician, as being correct, and approved of by him.

PHYSICIAN.—"The Physician should be the Superintendent and Chief executive officer of the establishment. Besides being a well educated physician, he should possess the mental, physical and social qualities to fit him for the post. He should serve during good behaviour, reside on, or very near the premises, and his compensation should be so liberal, as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the Board suitable persons to act as Assistant Physician, Steward and Matron. He should have entire control of the medical, moral, and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the Institution."

It will readily be seen how important is the task of selecting an individual to fill the place, and to perform the duties, detailed in the foregoing paragraph which is in the exact words of the proposition, adopted by "the Association of Medical Superintendents of American Institutions for the Insane." When once chosen, however, there would seem to be no doubt but that his tenure of office and his compensation, should both be such that a man of proper character would be willing to lay aside all other engagements, to enable him to devote himself to the performance of his duties. Without good reason to expect the situation to be permanent and the compensation liberal, no man possessing the requisite qualifications and talents, could be expected to give up his prospects of advancement in other branches of the profession, and so completely to cut himself off from the lucrative results of a successful general practice.

Where it is possible to find a physician, who has already acquired a practical knowledge of the details of hospital management and treatment, by personal observation and a residence in some good institution, if joined with the other desirable qualifications, there is no question but

that such an individual is preferable to any other. If the Physician chosen, however, has not had these advantages, he should be one that is "apt to learn" and willing to embrace every possible opportunity to make up his deficiencies, especially by a temporary residence in some such institution, before venturing to take charge of his own. A few weeks thus passed in Hospitals of the best kind, and devoted to a careful study of their varied arrangements, and of their modes of managing the insane, will save a Superintendent a great amount of subsequent labor and anxiety, and result most advantageously to his first patients.

If the person chosen to occupy the post of Physician-in-Chief, is practically familiar with Hospitals for the Insane, and has a taste for the details of building arrangements, very great advantage will result from his appointment being made before the commencement of the buildings, and thus securing to the Institution the benefit of his experience in arranging the different parts of the structure.

It would seem to require but little argument to show that a Hospital for the Insane should have but one official head,—in reality, as well as in name,—to whom every one employed about it must be strictly subordinate. It would be as reasonable to suppose that a proper discipline, or that good order would prevail in a ship with two captains, or in an army with two generals-in-chief, or in a school with several principals, as to expect to find them in a Hospital of the kind referred to, where two or more individuals were acting independently of all others, or in which there were certain officers over whom the Physician-in-Chief had no control. If such an arrangement ever worked well anywhere, it must have been owing to some very peculiar mental organization in those acting under it, and not because the principle was not radically wrong.

The very peculiar character of a majority of the patients received in such institutions, the numerous body of assistants required in their care, the large number of persons employed in the various departments, the necessity for active and unceasing vigilance, joined with gentleness and firmness in all our intercourse with the mentally afflicted, and for prompt decisions in cases of difficulty, render it indispensable,—if we wish the best results,—that a large amount of authority should be vested in the chief officer.

It must always be borne in mind that every department of a Hospital for the Insane, its farm, and garden, its pleasure grounds, and its means of amusement, no less than its varied internal arrangements, its furniture, its table service and the food, the mode in which its domestic concerns are carried on, every thing connected with it, indeed, are parts of one great whole, and in order to secure harmony, economy, and success-

ful results, every one of them, must be under the same general control. It is not to be supposed that the Chief Physician of the Institution should personally superintend all or a majority of these matters, or fritter away his time in a constant attention to their details, or even that he should be proficient in every one of them; but it should be expected that he is so constituted, mentally and physically, as to be able and willing to make himself familiar with all of them, so far at least, as to know when every thing is in good order, and when all duties are properly performed. He should especially have that kind of tact and judgment, that will enable him to fulfill efficiently one of the most important functions of his office, that of selecting individuals for every department fully qualified to perform their appropriate duties.

It is a great error to suppose that there is any detail about the management of a Hospital for the Insane, beneath the dignity, or unworthy the attention of its Chief Medical Officer. Every thing that has any relation to the patients,—and every thing has some direct or indirect connection with them,—may have an influence not readily appreciated by a careless observer, and to preserve unity of purpose nothing should be arranged or changed without consultation with the head of the establishment.

The Physician, who voluntarily confines his attention to the mere medical direction of the patients, must have a very imperfect appreciation of his true position, or of the important trust confided to him. He becomes in reality, a very secondary kind of officer, and his functions will be pretty sure to be considered by many around him, as quite subordinate in importance to those of some others concerned in the management of the establishment, which under such an arrangement can hardly attain, or keep a permanently high character.

No one will deny that the arrangement recommended,—which is the only one that can be relied on to work satisfactorily,—places much power in the hands of the Chief Physician, but it must be remembered too that on him the responsibility also mainly rests. A man to whom this amount of power cannot be safely intrusted, certainly is not the proper person to be placed at the head of an institution containing 250 insane patients.

The simple possession of adequate authority by the chief executive officer of such an institution, often prevents the necessity for its being exercised. It may be unseen and unfelt, and yet a knowledge of its existence, will often alone prevent wrangling and difficulties in the household, and secure regularity, good order and an efficient discipline about the whole establishment.

The long continued and uninterrupted performance of the duties of a Hospital Superintendent among his patients is a tax upon the mental en-

ergies, and ultimately upon the physical powers of an individual, not easily appreciated by those who have not had some experience of the kind; and one of the best modes of counteracting these effects, is for that officer to devote a portion of his time to the supervision of out door affairs. By this means, he will not only have the invaluable advantages of active muscular exercise in the open air, but also a kind of occupation for the mind, that will, more effectually than any other, divert it from the train of thought which had been induced by a protracted visit through the wards. Change of occupation,—both mental and physical,—is the relaxation of a Superintendent of a Hospital for the Insane, and is indispensable, if he expects for any long period to preserve his health and usefulness. So many noble spirits in our own country have already broken down, while engaged in the zealous performance of these duties, that hardly a better contribution could be made to the cause, or one that would more subserve the interests of the afflicted, than that which would aid in preserving the mental and physical health of the right kind of Hospital Physicians.

The nomination of the Assistant Physicians, Steward and Matron, by the Physician, will probably secure harmonious action between these officers, in the operations of the house. This point is one of great importance, and without it, there can be little satisfaction in the management of an institution. No Board of Trustees having at heart the prosperity of a Hospital for the Insane, could be willing to select or retain in office any of these named, who did not cordially aid in promoting the views and carrying out the plans of the chief executive officer.

In reference to all other persons employed about the patients, the power of appointment and discharge, as before observed, should be clearly and unconditionally with the Physician. A single interference with this power, could hardly fail to lead to acts of insubordination, and a disregard of the proper authority, and prove, to a greater or less extent, destructive of all good discipline.

ASSISTANT PHYSICIANS.—Assistant Physicians, besides being graduates of medicine, should be men of such character and general qualifications, as will render them respected by the patients and their friends, and able to represent creditably, or to perform efficiently, the more ordinary duties of the Physician, in his absence. As considerable responsibility will frequently rest on these officers, much more than simple medical attainments should be regarded in making a selection. It would be to the ultimate interest of the afflicted, and of the whole community, if the post could generally be conferred on those who are likely to devote themselves to this branch of the profession, and who seem to possess the kind of character, which in due time, would probably make them desirable

Chief Officers of Hospitals for the Insane. They should especially be men of the highest moral character, of a cheerful disposition, but clear of frivolity of behavior, and above all, they should be likely to be prudent in their intercourse with the patients. Although it must be acknowledged that some men make admirable Assistants, who are not so well calculated for Superintendents, still it does not often, if ever, occur that a poor assistant makes a good Chief Medical Officer.

Where there are 250 patients, especially if there is a large proportion of recent cases, two Assistant Physicians will be required, one of whom should perform the duties of Apothecary. In some institutions, one Assistant Physician and an Apothecary will be sufficient. If the full time of two Assistant Physicians, however, is taken up by their other duties among the patients, an apothecary may still be usefully employed in addition; and to him, other duties among the male patients may with propriety be assigned. It is, nevertheless, of great importance to the proper discipline of a Hospital for the Insane, that no supernumeraries should be allowed in any department.

STEWARD.—The duties of the Steward, and the importance of the office, vary materially in the different American institutions. In some, he not only performs the ordinary functions of that officer, but is also really the Treasurer of the institution, and receives and disburses large sums of money. The present essay, however, referring more particularly to State institutions, or those similarly constituted, the duties last named will be understood to be performed by the Treasurer, as an officer of the Board of Trustees, and whose duties have already been detailed.

The details of the duties of both Steward and Matron, with the sanction of the Board of Trustees, should be arranged by the Physician, to which officer they should be directly responsible.

The Steward, under the direction of the Physician, should make all purchases for the institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment, and besides having a care of the farm, garden and grounds, should be able to perform many other important duties of supervision and police, that may with propriety be assigned him. He should give adequate security for the faithful performance of his trust; he should promptly pay into the hands of the Treasurer all moneys received by him on account of the institution, and should settle all demands,—except trifling incidental ones, for which he should regularly account,—by orders on the Treasurer, with bills of particulars, duly approved by the Physician.

MATRON.—The Matron, while having a general supervision of the domestics and of the domestic arrangements of the house, will also be able, under the direction of the Physician, to contribute essentially to

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the comfort of the patients, and all others about the establishment. Although the Matron will have considerable intercourse with the patients, her principal and most important duties, will be more connected with the housekeeping, while the general supervision of the patients, their instruction, amusement and immediate care will be directly and mainly confided to others, to be hereafter referred to.

Some able hospital physicians amongst us, have proposed having no Steward or Matron, but this suggestion, I presume, has arisen from the difficulties which in some sections of the country have so frequently occurred with these officers, and which have, no doubt, originated from improper persons having been selected for these stations, from their precise duties not having been accurately defined, or their subordination to the principal not being well understood, and it must also be added, occasionally from the very injudicious interference of Trustees, where difficulties have arisen between them and the Physician. Whether a Steward and a Matron are among the officers of such an institution or not, the duties commonly assigned them have to be performed by some individuals, whether acting under these or different titles. The terms used above are familiar to every body, and although those acting in these offices occasionally may not have correctly appreciated their true position, still I should scarcely deem it necessary, on that account, to reject these titles altogether. My own experience with Stewards and Matrons has been so fortunate, as to cause me to remember only their valuable services, and a pleasant official intercourse with them.

The individuals thus far named, are officers that can not be dispensed with, and are either appointed directly by the Board of Trustees, or on the nomination of the Physician. No reference, however, has been made to Chaplains or to Consulting Physicians, all of whom are occasionally deemed desirable. If either are appointed, it should be by the Board of Trustees on the nomination of the Physician.

CHAPLAIN.—In reference to the propriety of making the Chaplain a permanent officer, considerable diversity of opinion still exists among hospital physicians, the varied circumstances of different institutions leading their Superintendents to contrary conclusions on the subject.

The value of such an officer must depend almost entirely on the character of the individual selected, and the sound judgment and discretion with which he performs his duties. Under all circumstances, I have no doubt but that it will be found best that he should not be a resident of the institution. In addition to this, it may be sufficient to quote the language adopted by "the Association of Medical Superintendents of American Institutions for the Insane," viz: "If a Chaplain is deemed

desirable as a permanent officer, he should be selected by the Superintendent, and, like all others engaged in the care of the patients, should be entirely under his direction."

CONSULTING PHYSICIANS.—It has occasionally been proposed that a Board of Consulting Physicians should be connected with Hospitals for the Insane, but this arrangement obviously could be of little service to the patients, and if it was intended that these officers should make regular visits, would on many accounts be quite objectionable. It is not possible for any one who sees insane patients only at long intervals, to prescribe properly for their ever-varying condition, or judge from short interviews, the real character of their cases; and medicines form so small a part of the remedies for the insane, that the wisest administration of them would be doing but little of what should be expected from a physician to such an institution.

Whenever from any cause it is deemed expedient to have Consulting Physicians permanently connected with a Hospital for the Insane, it should be with the distinct understanding, that their visits to the patients should be only in company with the Superintending Physician, and at his request, or at least, if desired by others, with his approbation.

With the selection or retention of any of the individuals hereafter to be referred to, the Board of Trustees can with propriety have nothing to do, all being employed in the immediate care of the patients, or in positions connected with the domestic departments, or the management of the farm, garden and grounds.

SUPERVISORS.—There should be one Supervisor of each sex, and each of these should exercise a general oversight of all the patients and their attendants on one side of the house, and thus form a medium of communication between them and the officers of the institution. These individuals being exempted from the ordinary work of the wards, and their duties being extended through all the apartments and grounds occupied or used by their own sex, will have great facilities for ascertaining the mode in which prescriptions and directions are carried out, and the patients' comforts and general condition are attended to. They should be persons who possess in a high degree, tact, intelligence, activity, and above all, true benevolence, with a feeling of sympathy and kindness for all the afflicted. They should be able to appreciate the views and wishes of the Physicians, and in all their intercourse with the insane, or those employed in their care, should act with such coolness and prudence under all circumstances, as to command their respect, and to impress upon them by word and deed, the great importance of a kind and enlightened course of treatment.

TEACHERS.—There should be for each sex, at least one individual of a kind, cheerful and affectionate disposition, with considerable mental cultivation, and of refined manners, who also without any ward duties, or more than an indirect supervision of the attendants, should be able, under the instructions of the Physician, to devote their whole time to the promotion of the comfort and happiness of the patients. This may be done by instructing them in some useful branch of learning or ornamental handicraft, by reading or conversation, by joining them in their walks, rides or work, by suggesting or assisting them in the different means of amusement and occupation, and by various other modes that will readily suggest themselves to an individual of the proper qualifications.

These individuals are intended to be companions to the patients, especially those who are convalescing; and they have been called Teachers not only because it is a convenient term, and that they devote a portion of their time to school instruction, but because it is hoped they will also teach the afflicted with whom they associate,—at least, to some extent,—the true character of the institution in which they are living, the value of their accommodations, the motives of those who have placed them there, and of those who surround them, and as far as they can, the road to health and happiness.

The proper performance of the regular duties of all the officers, and of every attendant, occupy so much time, that it is not possible in most hospitals as now organized, for any one of them to devote any considerable period of the day to a single patient, however desirable it may be to do so. An individual of the proper qualifications, who can at the right moment spend an hour or two with a timid patient, just arrived from home, to whom all are strangers, and who is distressed by the novelty of a new situation, may prevent days of sorrow, and perhaps thus aid most essentially, in the first steps towards a recovery. Judicious conversation at the right moment, a brisk walk in the open air, or simply directing a patient's attention to a new object, may tend most effectually to prevent a paroxysm of grief, or an outbreak of violence. The appearance of a new face, in whom all feel confidence, when the attendants in a ward are almost worn out by the long continued excitement of the patients, will often prove as great a relief to them, as to those of whom they have charge, and it is just at these periods that the presence of the Teachers will often be found most valuable.

One teacher of each sex has been mentioned as desirable in every hospital, but in those in which a large number of cases are under treatment, especially where many patients of cultivated minds are received, a larger number could be advantageously employed.

ATTENDANTS.—There should always be two attendants in each ward without regard to size, unless, as sometimes happens, two contiguous wards are so small and so arranged, that three persons can perform the duties of both. It should also be an unvarying rule, that, unless by special instructions from the Physician, one attendant should always be in the presence of the patients in every ward of a hospital for the insane. Where there is but a single attendant to a ward, the patients must have an insufficient amount of out-door exercise and employment, or those left in the house must often be alone, and the supervision must be altogether much less strict than is desirable. A certain amount of labor, out-door exercise and recreation, is as desirable for the attendants as for the patients. Work in the open air, with the male patients at least, should be a part of the duty of each attendant. Without it, those accustomed to active pursuits, are liable from the great change in their habits, to have their health impaired, their tempers rendered irritable, and ultimately incapacitated for the efficient performance of their duties.

The proper selection of attendants is one of the many important duties to be performed by the Physician, and it should be the earnest desire of every governing Board, to sanction all regulations that tend to secure to an institution a class of persons whose services are particularly desirable, and who seem from their natural character and their education, to be specially qualified for such a post. With all the supervision that can be given, the comfort of the patients in every Hospital for the Insane, is essentially dependent on their attendants.

The duties of attendants, when faithfully performed, are often harassing, and in many of the wards, among excited patients, are peculiarly so. On this account pains should always be taken to give them a reasonable amount of relaxation, and their position should, in every respect, be made as comfortable as possible.

The number of attendants proposed above, is deemed essential to keep up the proper supervision, and to carry out thoroughly the best system of treatment. The average is about one attendant to every eight patients, while the minimum that is regarded by the Association of Medical Superintendents, as at all admissible, is one to every ten patients. In some institutions, the proportion of attendants may advantageously be higher. Many hospitals commence with a less proportion of attendants than has been suggested, from a belief on the part of the Physician, that a larger number would be objected to by the Board of Trustees. I am disposed, however, to believe that this is commonly an error, and that if the matter were properly explained to any intelligent body of men,

and its importance to the happiness and recovery of the patients, and the character of the institution, fairly insisted on, no intelligent Board would refuse their assent to the wishes of their chief medical officer. Under any circumstances, there can be no doubt as to the course proper to be pursued by this officer. He should ask for, and earnestly urge upon the Board of Trustees, whatever he deems right, and leave the responsibility and loss of having any thing less, with those to whose authority he is bound to yield, however much he may differ from them in opinion.

NIGHT WATCH.—An efficient night watch should always be maintained, wherever many insane patients are collected, and should consist, if possible, of a man and wife, to whom should be confided the charge of the male and female wards respectively. It is not simply to prevent accidents from fire, that a night watch is considered indispensable, although this alone is a sufficient reason for such a provision. When we recollect that the patients are in their rooms at least one third of the whole twenty-four hours, it seems surprising that while so much care is very properly shown in having them under constant supervision during one portion of the day, it should ever be thought justifiable to leave the same individuals, so totally unprotected and unguarded as it were, during so long a continuous period as eight hours. It is to be remembered, too, that during this period, the patients are commonly locked in their rooms, that they have no means of assisting themselves, no mode of securing prompt aid in case of unexpected sickness, except by noise, which disturbs others and does not always attract the proper attention, and that many of them are particularly subject to sudden and alarming attacks, for which assistance should be summoned at the earliest possible moment. The regular night watch, too, may render important services in guarding against suicidal attempts, in administering remedies that are ordered for patients who do not require a special nurse, in supplying drink or food, which will often effectually quiet a restless patient, for hours; in soothing by a kind word those who have become suddenly alarmed, or by simply making up his bed or allowing a patient to wash his face, to give sleep to one, who without these little attentions, might have been restless, and disturbing all around him during an entire night.

The night watch should also be employed to secure to the attendants, as far as can be, sound and undisturbed rest at night. Under any circumstances, the sleep of attendants will occasionally be disturbed by night services; but if they perform their duty faithfully during the day, the character of their occupation is such that without good rest gener-

ally at night, their tempers are apt to become irritable, and they lose that kind of interest in their business, without which they are of little value in the care of the insane. Besides all this, the night watch is often a valuable assistant in the police of the establishment, and is able to discover and report various irregularities among the sane part of the residents, which without such officers might never become known to the Superintendent.

It seems quite probable that great advantage would often result from having more than one individual of each sex on duty at night—night attendants, as well as those for day service. So large a proportion of the insane sleep indifferently, there are so many who would receive consolation from a kind word, or the occasional presence of a cheerful, sympathizing face during their long, dreary, wakeful hours, so many that ought really to have attention every night for their safety as well as comfort, that we may well inquire whether, with our best arrangements for the care of the insane, we have not often been somewhat neglectful of them by night.

The objection to a night watch, sometimes made, that they disturb the quiet of the wards by their noise, simply shows that incompetent persons have undertaken to perform the duty. Those who are passing about after all else have retired, should accustom themselves to open doors, and to do whatever else may be required, in the most quiet manner, always to converse in a low tone of voice, to discriminate between those whom conversation will quiet and those whom it will excite, and they should always wear woolen shoes when passing through the wards.

In addition to the individuals named, who are brought directly in contact with the patients, there will be required one seamstress for each sex, one farmer with two assistants, one gardener and an assistant, one carriage driver, one jobber, one carpenter, one engineer with two firemen, and a baker, besides the females employed in the domestic departments of the house.

A State Hospital will almost always have in its household many patients who can, advantageously to themselves, assist in the performance of much of the work in the wards and about the premises, and thus aid to a very limited extent in lessening the expenses of the institution.

REMARKS ON THE NUMBER EMPLOYED AND THEIR COMPENSATION.
—The circumstances of different institutions and the classes of patients received, will, to some extent, influence the number of persons required in their different departments. So in regard to compensation, the salaries and rates of wages must be regulated, in a great measure, by the

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cost of living, the demand for the particular kind of labor required, the rates that are paid for other kinds of service in the vicinity, and of course must vary in different localities.

It is believed that all the persons who will be found named in the following list are required in the organization of a State Hospital for the Insane, with 250 patients, and that none of them can be dispensed with, without, to a greater or less extent, affecting the welfare and comfort of the inmates, and the best interests of the institution.

The salaries named are to be regarded as the lowest that ought in any part of this country, with which I am acquainted, to be offered for the kind of service that is required, rather than what should be given to the most competent individuals. More ought frequently to be given, and will often be required, to secure the proper kind of officers and assistants, especially attendants, and to induce them to remain for any considerable period in the service of the institution. In many large institutions, the compensation of the Chief Medical Officer should be at least from 30 to 50 per cent higher than what has been named.

Many of the positions about a Hospital for the Insane, from the highest almost to the lowest, require persons of peculiar qualifications, and when such are found, it will be to the interest of their employers to secure their services, even if a considerable increase of compensation is necessary to effect the object. A thoroughly good and efficient officer or assistant of any kind may be more desirable to an institution, at a large salary, than a bad or negative kind of one, working gratuitously. While good officers and assistants are desirable in every department, not only on account of the direct performance of their duties, but also because their example never fails to exercise a favorable influence on others of a less decided character, so an idle, vicious, or faithless one may be worse than none, simply from all their associations producing unfavorable results.

It may be regarded as a well established fact, that although in a few institutions a liberal compensation is given, in many, the salaries are quite too low, and entirely inadequate to be depended on, to secure and retain the best kind of talent for the different positions. The services required about the insane, when faithfully performed, are peculiarly trying to the mental and physical powers of any individual, and ought to be liberally paid for. With the great demand for talent and labor that constantly exists in this country, it is not surprising that considerable difficulty is often experienced in finding the proper kind of persons to take charge of the insane, when less arduous and responsible duties are frequently so much better compensated.

When proper persons are engaged to act as the regular attendants of the patients, it will often be found desirable to secure their continuance for a certain period, by a yearly increase in their compensation; although it must also be acknowledged, that not unfrequently, even the best of this important class, after a long residence in a hospital, seem to lose their interest in their duties and to do better to engage for a year or two in other pursuits.

The services of certain of the officers, after a considerable residence in an institution, often become much enhanced in value, and it is to them a source of great encouragement to know that strict fidelity and industry are likely to be recognized by an occasional increase in their income. No Superintendent would hesitate to say that the services of his assistants after two or three years' experience, are often worth almost double what they were during the first months of their residence in the institution.

SCHEDULE OF A COMPLETE ORGANIZATION WITH RATE OF COMPENSATION.—The following list, as before remarked, is believed to include only those that are necessary about a State Hospital for the Insane, when containing 250 patients, and that is to be managed efficiently, viz:—

A Board of Trustees,	Expenses to be paid.
A Treasurer, non-resident,	Salary, \$250 per annum.
One Physician-in-Chief,	\$1,500 per annum,
with furnished apartments and board of family.	
If living detached and finding his family,	\$1,000 additional.
One First Assistant Physician,	Board and \$500 per annum.
One Second Assistant Physician,	" \$300 "
One Steward,	" \$500 "
One Matron,	" \$300 "
One Male Supervisor,	" \$250 "
One Female Supervisor,	" \$175 "
One Male Teacher,	" \$200 "
One Female Teacher,	" \$150 "
Sixteen Male Attendants,	" \$168 "
Sixteen Female Attendants,	" \$108 "
One Night Watchman,	" \$168 "
One Night Watchwoman,	" \$108 "
Two Seamstresses,	" \$96 "
One Farmer,	" \$200 "
Two Farm hands,	" \$144 "

One Gardener,	Board and \$200 per annum.		
One Assistant Gardener,	"	\$144	"
One Engineer,	"	\$240	"
Two Firemen,	"	\$144	"
One Baker,	"	\$150	"
One Carpenter,	"	\$240	"
One Carriage Driver,	"	\$168	"
One Jobber,	"	\$144	"
One Cook,	"	\$150	"
Two Assistant Cooks,	"	\$100	"
Four Female Domestics,	"	\$80	"
One Dairy Maid,	"	\$100	"
Three Washerwomen,	"	\$100	"
Three Ironers,	"	\$100	"

Exclusive of the Board of Trustees and Treasurer, who are non-residents, this list will be found to embrace 35 males and 36 females, or a total of 71 persons, all of whom reside within, or in the immediate vicinity of the institution, devote their whole time to its service, and are engaged in the immediate care of the patients, in the domestic or mechanical departments, in the cultivation of the farm and garden, in the care of the grounds or in keeping the various buildings and fixtures in good order. The whole of this force can be fully and profitably employed, and if composed of the right kind of persons, under good discipline, and with a well arranged hospital ought to be able to give the patients a high degree of comfort and all the advantages to be expected from a liberal course of treatment. It is not to be denied that 250 patients, with a farm and large garden can be taken care of, with a less number of persons than has been recommended,—for unfortunately it is done every day,—but the more extended my own experience, and the fuller my reflections on the subject, the more thoroughly am I satisfied, that there is a loss to the afflicted and the whole community, by every such attempt to manage an institution with an inadequate force, much too great to be compensated by the paltry annual saving of a few hundred dollars, which may be effected by such an arrangement.

A very moderate degree of attention to this subject ought to satisfy any political economist or legislator, that if a cost of \$3 per week is necessary to give every patient in a State Hospital for the Insane that kind of treatment which is most likely to secure his prompt recovery, a scheme of management which limits all his expenses to \$2 per week must deprive him of many important advantages, and in its ultimate re-

sults must prove much more costly to a State, than what would have been effected by more liberal arrangements. It is well for all to remember that a low rate of weekly expense per patient is not necessarily in itself any proof of a wise and judicious economy, although it may occasionally be an attendant upon it. If the rate is so low, as to prevent the patients realizing the full benefits that are reasonably to be expected from such institutions, although it may be by some regarded as economy, it is unquestionably of a kind against which every true friend of this unfortunate class should enter a firm and earnest protest.

RESIDENCE OF THE PHYSICIAN.—The direct superintendence of every department of a Hospital for the Insane, being vested in the Physician, it becomes necessary that he should be exempt from ordinary private practice and should reside on the premises, either in the hospital, or in a detached building contiguous to it. His whole time being devoted to the institution, great additional labor must be imposed on him, if his residence is more than two or three hundred yards distant, and what is of still greater importance, he will not be able, without great inconvenience, to perform his duties efficiently or satisfactorily.

If the Physician's family reside in the Hospital buildings, their apartments should be made every way comfortable, they should be entirely private, and not exposed to visitors or those employed about the house, while a distinct kitchen should be provided for their use.

For various reasons, which I deem quite sound, but which it is not necessary to discuss in detail, in the present essay, it is very questionable whether it is always desirable that the Physician's family should be accommodated in the Hospital building, although it is indispensable that they should be in its immediate vicinity. This is a question often to be settled by the particular circumstances of an institution, and of the person who is to have charge of it. Where this officer has a family of children, it is clearly best, in my estimation, that the Physician should not reside in the institution. Fond as patients generally are of children, and safe as they commonly are in the wards, still it is not desirable that they should be permanent residents of a hospital, either for their own sakes or for the comfort, quiet and discipline of the institution.

It is not difficult to have a house specially provided for the Physician's family, not more than three hundred yards from the hospital, where they can be entirely private, see their own friends, and provide their own table, without interfering in any way with the institution, or causing any difficulty in the thorough performance of that officer's duties. With an efficient and trustworthy Assistant, Steward, Matron, Supervisors and Teachers, it has been my experience that no disadvantage results

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from this arrangement. The time of the Physician will, of course, be mostly spent in or about the hospital, and his own residence is so near that his presence can, at any time, be secured almost as quickly as if in a distant section of the institution. The Pennsylvania Hospital for the Insane, at Philadelphia, the Bloomingdale Asylum at New-York, the Retreat at Hartford, Conn., the Maryland Hospital at Baltimore, and the S. Carolina Asylum at Columbia, have this arrangement, and, so far as I know, it has thus far worked satisfactorily to all concerned.

It must be obvious, that the families of physicians may often be so circumstanced, that the most competent men might feel compelled, from private reasons, to resign their posts, at the very time when their services were most desirable, if they were forced to live in the hospital buildings, and this arrangement might also frequently prevent admirably qualified persons from engaging in this branch of the profession.

As already remarked, the greater part of the Physician's time will be, as it ought to be, spent in or about the hospital, but it is still important that he should have a spot out of it, to which he can occasionally retire—rare as the opportunity may be—for rest and quiet. An institution will profit nothing by having its chief officer so situated that he can have no moments of leisure, none for study and reflection, no hour in which he can occasionally get out of the sight of his charge, or no time to devote to his own family, whose natural claims on him ought not to be entirely absolved by any public duties. The character of his pursuits, if zealously and faithfully performed, makes some kind of change of scene and occupation more necessary than in almost any other vocation. Variety of thought and labor are rest to him, refreshing his mind, and enabling him to return to his post, with fresh energy and renewed strength. Trustees sometimes make the lamentable error of supposing that the more closely their Superintendent is confined to his post,—the more arduous his duties, and the less assistance he receives from others, the more benefit the institution obtains for what it pays him. Hospital Physicians are no more able to resist natural laws than other men; when long over-worked, their ability becomes lessened, and when compelled to spend their time in attending to unimportant details that could as readily be done by others, matters of vital interest to the sick and the institution must often be neglected, or be only superficially attended to. It will be found, I believe, that every well qualified Superintendent of a Hospital for the Insane is sufficiently disposed to devote his whole energies to the performance of his duties, and to give the institution the full benefit of all that he can in any way perform, with quite little enough reference to himself or those immediately dependent on him.

One very important effect that has resulted from the establishment of "The Association of Medical Superintendents of American Institutions for the Insane," and which has not been sufficiently referred to, is that these officers are thus compelled at least once a year to leave, if only for a single week, their regular routine of duty to visit new scenes, and meet new associates. No one, I presume, who has ever attended these meetings will hesitate to acknowledge that he has derived great benefit from this short relaxation, and that he has returned to his post with renovated powers and renewed zeal in the cause, to which his life is devoted. Without any special reference to the obvious good effects which must result from a frequent mingling of gentlemen engaged in the same pursuits, and the abundant opportunities thus afforded for profiting by the experience of the whole country, it may not be amiss to express the belief that is now becoming universal, that no Board of Trustees or Managers should ever allow their institution to be without a representative at these annual assemblages, except for reasons of the most urgent character. Much as their Superintendent may be personally benefitted, by being present, the institution over which he presides cannot fail to be doubly so, and no expenditure made by a hospital is more certain to be returned to it, in its increased facilities for the best treatment and comfort of its patients, than what is incurred for this object.

FURNITURE.—The furniture in the wards of a Hospital for the Insane, should be varied according to the class of patients, by whom it is to be used. Its general character, however, should be made to correspond as near as possible to what is used in private dwellings. Neatness, plainness and strength should be its prominent features; and for a considerable part of the buildings, what would be used in a plain boarding-house, would not be inappropriate. It would be well, however, in making a selection, to avoid projections and sharp corners as much as possible, and any arrangement that would offer facilities for self-injury should be omitted. Where patients are much excited, there should be little movable furniture, either in the rooms or in the halls, especially of a kind that could be used as weapons. A portion of the bedsteads should be prepared for being permanently secured so as to prevent their being moved, by which means many patients can use them who would otherwise be compelled to have their beds on the floor. It will also be desirable to have a few very low bedsteads for those who are liable to fall out of bed, and who can be protected by having a good soft mattress on the floor by the bedside. For very violent patients it is often the best arrangement to have the mattress and bedding on the floor, and to remove all other furniture from the room.

The parlors should be comfortably furnished, and the room of every well-conducted patient should have in it, at least, a neat bedstead, table and chair, and to these a strip of carpet and a small mirror may be appropriately added. Every patient who is not filthy or destructive in his habits should have a good bed, either a hair or husk mattress on a palliase, as one of the means of inducing sleep.

Iron bedsteads, when made in the most approved manner, are in many cases preferable to those that are made of wood. If made of cast iron, they should be heavier than are commonly used, on account of the facility with which they may be broken. For violent patients wrought iron is much more desirable. It is a mistake to suppose that iron bedsteads are in themselves a security against vermin. Unless every hole and crevice is filled with white lead and putty, or something answering the same purpose, before they are used, they may become quite as troublesome as those that are made of wood.

Provision should be made in every ward for vessels to contain cool drinking water, easily accessible to the patients, so that no one shall suffer from thirst in warm weather.

The table furniture of the dining-rooms should be neat and strong, and white ware will commonly be found most desirable, which, with the ordinary round-ended case knife and fork, can be used by nearly all the patients. For a few, who habitually break whatever is sent to them, tin vessels may be substituted, and there is occasionally an individual to whom it will be safest to give a spoon instead of a knife and fork; but where there is a proper classification, where pains are taken to bring patients to the general table, and where there is plenty of good food and an efficient supervision, the number of this class will generally be very small.

CLASSIFICATION.—Although, in the description of the plan of building proposed for a State Hospital for the Insane, the different wards were numbered, still little has been said of the various classes intended to occupy them. The only point insisted on was, that there should be eight distinct classes for each sex. It will be found desirable, in practice, that the least excited—what is commonly called the best class of patients—should occupy the upper stories and be nearest the centre building, while the noisy should be at a distance, and the feeble in the lower story; but it is impossible to give any general rule that will be satisfactory in all respects to a novice in the management of the insane. The best arrangement, after all, will be to associate in the same ward those who are least likely to injure and most likely to benefit each other, no matter what may be the character or form of their disease, or

whether supposed to be curable or incurable. No one, of course, would think of placing the violent and the calm, the noisy and the quiet, nor the neat and the filthy, together; but there are many grades between most of these, and individuals of extremely different character, who, nevertheless, do well together. Variety is as pleasant to a hospital patient as to any one else, and even if it were practicable, it is not probable that it would be found satisfactory to have all our associates exactly like ourselves. Patients are often much interested in the delusions of their neighbors, and by their efforts to relieve the afflictions of others, frequently do much towards getting rid of their own.

Every one who has been long with the insane knows that some whose cases are chronic and considered incurable are among the most pleasant and agreeable patients to be found in an institution; they are most beloved by all about them, are noted for their refined courtesy and attention to strangers, and for their devotion to the afflicted, which make them regarded as treasures in the wards to which they belong. At the same time, of all in the house, many recent and supposed curable cases, are often for long periods among the most violent, careless or unpleasant patients, and in all respects the least desirable as associates.

SHOULD CURABLES AND INCURABLES BE SEPARATED?—The remarks just made, as well as those in a previous part of this essay, might perhaps be deemed sufficient to indicate my views in reference to the propriety or expediency of providing separate institutions for those who are supposed to be curable, and those who are regarded as not likely to be benefitted by treatment. As propositions of this kind, however, are frequently made, I desire to enter my special and earnest protest against any such arrangement. The first grand objection to such a separation is, that no one can say with entire certainty who is incurable; and to condemn any one to an institution for this particular class is like dooming him to utter hopelessness. In any other disease than insanity, it would hardly be contended that its incurability was any reason for a neglect of treatment, where there was the slightest reason to expect even temporary benefit from its employment. While chronic cases are so often agreeable ones and recent cases so frequently not a little repulsive, it can hardly be said with propriety that the influence of the former on the latter is so generally injurious as to require their being placed in a separate building; to do so would often be cruelty of the rankest kind. A proper classification will remove every difficulty in providing for these classes in the same hospital. It is somewhat presumptuous for us to say that a recovery is

impossible in any case. When patients cannot be cured, they should still be considered under treatment, as long as life lasts; if not with the hope of restoring them to health, to do what is next in importance, to promote their comfort and happiness, and to keep them from sinking still lower in the scale of humanity. Fortunately, almost precisely the same class of means are generally required for the best management and treatment of the curable and incurable, and almost as much skill may be shown in caring judiciously for the latter as for the former. When the incurable are in the same institution as the curable, there is little danger of their being neglected; but when once consigned to receptacles specially provided for them, all experience leads us to believe that but little time will elapse before they will be found gradually sinking, mentally and physically, their care entrusted to persons actuated only by selfish motives—the grand object being to ascertain at how little cost per week soul and body can be kept together—and, sooner or later, cruelty, neglect and suffering are pretty sure to be the results of every such experiment. When speaking of County Hospitals, I have already expressed my belief that the chronic insane can nowhere be properly taken care of at a less cost than in State Hospitals, which should be sufficiently numerous to accommodate all classes of persons laboring under this form of disease.

SEPARATION OF THE SEXES.—In every hospital the arrangements should be such that there should be little intercourse between the male and female patients, or the male and female attendants employed in their care. There will no particular disadvantage result from their attending religious services or lectures in the same room, but on other occasions it will be best that they should be kept entirely separate. The advantages of frequent social parties, in which the two sexes meet on familiar terms, are very problematical, and balls and dancing parties for the males and females together have appeared to me to be decidedly objectionable.—Most of our hospitals receive patients from all classes of society, and where there is this indiscriminate mingling of both sexes and all conditions in life, undesirable intimacies and acquaintances, in certain mental conditions, will often be formed that may at least prove somewhat mortifying to a sensitive mind after a complete recovery. Patients, especially females, should always be protected from everything of this kind during their residence in a hospital. For these and other reasons, lectures and entertainments of various kinds in the lecture room, where there is no communication between the sexes, or parties for one sex alone, will be found much more desirable than the assemblages previously referred to. If all the patients in a hospital occupy about the same social

position, the frequent meeting of the two sexes might be less objectionable, but even then I should not consider it very desirable.

Where only one hospital is built in a State, it will, of course, be prepared, as shown in the plan, for patients of both sexes; and even where there are two hospitals, in entirely different sections of a State, it will still be desirable that both males and females should be accommodated in the same building, because the conveyance of patients from great distances to an institution involves much labor and expense, is often injurious to the sick, and is really in itself an evil of much magnitude which ought not to be unnecessarily increased. Where a community, however, is sufficiently populous to require two hospitals of the same general character in one vicinity, it appears to me there can be little question but that many decided advantages, and no disadvantages, will result from having one of the institutions appropriated to males and the other to females exclusively. Such an arrangement will secure to both sexes a more extended classification and much greater freedom, besides facilitating in many respects the general management of the institution. I have yet to learn of a single advantage that insane patients receive from having the two sexes in the same building, but I do know of many inconveniences and disadvantages which result from this arrangement.

RESTRAINT AND SECLUSION.—The use of mechanical means of restraint, and the protracted seclusion of patients in their rooms—although the former of them may be, and, as I believe, is occasionally desirable, but not absolutely necessary, in the management of our Hospitals for the Insane—ought both always to be regarded as evils of no trifling magnitude, and to abate which, as far as possible, no effort should be left untried. They both tend to produce a relaxation of vigilance, and it cannot be too often repeated, that whatever tends to make vigilance unnecessary is undesirable about a Hospital for the Insane. Besides leading patients into bad habits, the frequent use of the means referred to, in a ward, induces attendants and others to look upon them as a common resource in cases of difficulty or danger, to regard them as their grand reliance in every emergency, and to forget the great power of other measures that are entirely unobjectionable—the value of tact and kindness and sympathy in controlling the violence and dangerous propensities of the insane. And yet, without a proper force of attendants and an efficient classification, the use of mechanical means of restraint and the protracted seclusion of certain classes of patients is almost unavoidable.

Objectionable as I deem the use of restraining apparatus in a Hospital for the Insane, it can not be too earnestly insisted on; that it is no advance to give up mechanical means of restraint and to substitute the frequent

and long-continued seclusion of the patients. Occasionally an individual may really be more comfortable and much better off in the open air, with some mild kind of restraining apparatus on his person, than he would be confined to his room without it; for this kind of long-continued seclusion is pretty sure, sooner or later, to lead to habits revolting in themselves and most unfortunate for the future prospects of the patient.

The subject is introduced here as a reason why no false notions of economy should be permitted to influence any Board of Trustees to ask the Superintendent of an institution to attempt its management with a force so inadequate as to compel him, against his better judgment, to resort to means so objectionable, and which are so destructive to the comfort and proper treatment of his patients.

LABOR, OUT-DOOR EXERCISE AND AMUSEMENTS.—Having referred to the unfavorable results of an habitual use of restraint and seclusion in a Hospital for the Insane, it is proper to indicate in more detail some of the means by which these unfortunate effects may be obviated.

A properly constructed building, admitting of a liberal classification of the patients, and the employment of an adequate number of intelligent and kind assistants, has already been referred to as being indispensable for such an object. The design, in establishing every such institution, being the restoration and comfort of the afflicted, the relief of their families, and the protection of the community, there can be no question but that it is sound economy to provide everything that will effect these objects promptly and in the most thorough manner.

Without adequate provision for out-door exercise and occupation for the patients, and a liberal supply of means of amusement, the excitement of the wards, and the violent and mischievous propensities of their inmates, will be apt to be such as to require modes of management that might otherwise be easily dispensed with. The first cost of some of these arrangements will necessarily be considerable, but the ultimate results can hardly fail to be so gratifying as to satisfy the most rigid stickler for economy, that the only wise course is to provide liberally of everything likely to be beneficial to the patients.

The farm and garden offer admirable means of useful occupation to the insane at certain periods of the disease, for, useful as they are to a large number, no greater indiscretion could be committed than attempting to set all insane men at work in every stage of their malady. To those accustomed to such pursuits, as well as to many who have been differently occupied, regular moderate labor in the open fields or in the garden contributes most essentially to their comfort, and tends to promote

their recovery. Labor, then, is one of our best remedies; it is as useful in improving the health of the insane, as in maintaining that of the sane. It is one of the best anodynes for the nervous, it composes the restless and excited, promotes a good appetite and a comfortable digestion, and gives sound and refreshing sleep to many who would without it pass wakeful nights.

The provision of adequate and comfortable workshops, in a convenient position, and under the care of competent superintendents, may be made a source of profit to an institution, and furnish another means of labor of an interesting kind to a large number of the insane.

The usual means of amusement, which demand active muscular exercise, should not be neglected. A Gymnasium, suitable in its fitting up, for insane men, and a Calisthenum for insane women, will be found useful. The various games of ball, the exercise of using a car on a circular railroad, the care of domestic animals, as well as regular walks on the grounds or in the neighborhood, are also among the kinds of exercise that will be enjoyed by many patients; while means of carriage riding seem almost indispensable for many, who from physical and other causes cannot resort to the more active forms which have already been referred to.

Within doors, the means of keeping a comfortable house are, in addition to the medical treatment, the constant presence among the patients of intelligent attendants, active supervisors and judicious teachers or companions, always ready to check the commencement of excitement, to separate quarrelsome individuals, and to change the train of thought of those who seem disposed to be troublesome. The means to effect the objects in view are very numerous, and the tact of an individual is shown in selecting those that are most applicable to a case.

The introduction of regular courses of lectures, interesting exhibitions of various kinds, and musical entertainments in the lecture-rooms of our Hospitals for the Insane, has done much to break up the monotony of hospital life, which is so common a source of complaint among the insane.

Regular courses of instruction in well furnished school-rooms, reading aloud by the teachers to the patients of the more excited wards, the use of well selected libraries, the inspection of collections of curiosities, the use of musical instruments, and various games, are all among the many means which an ingenious Superintendent will suggest for the benefit and amusement of his patients, and which ought to be provided for in every institution for the insane.

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MEANS OF EXTINGUISHING FIRE.—In a previous part of this essay,

much stress has been laid upon the importance, when putting up the building, of attending to every means likely to prevent the occurrence of a fire, or of its spreading, in case it should occur in any part of a Hospital for the Insane. These objects are to be effected by making the structure, in exposed parts, as nearly fireproof as circumstances will permit, and by having the building heated by steam, and all large fires kept at a distance from it. In spite, however, of all these precautions, a fire may occur from causes that could not be foreseen, and on that account, it becomes a grave duty for every body of men entrusted with the erection or management of such an institution, to see that adequate provision is made for all desirable means to promptly extinguish any fire that may be discovered on the premises; for no accident can be more terrible to contemplate than a fire raging at night in a building containing more than 200 insane patients, confined in their rooms, and utterly unable to escape without aid from others. Nearly all these accidents occur from the intense heat of large hot air furnaces, or from defective flues, or from wood being brought too near them; so that if, as proposed, steam is used for heating, and an effective night watch kept up, it would seem that every fire should be promptly detected, and that means could be readily provided by which it could be easily extinguished, almost without injury to any one. To do this, the large iron tanks placed in the attic of the building should always be filled towards night; two large rain water cisterns should be provided near the building, and kept full of water at all times; there should be a fire engine and six hundred feet of hose belonging to the institution, and the hose should be so distributed that it could be attached to the proper water pipes at the shortest notice on the occurrence of an alarm, and a large stream of water be immediately directed on any point either on the inside or outside of the building. In addition, an iron pipe three inches in diameter, should be laid at a proper depth around the whole building, or at least on one side of it, and at a moderate distance from it; and, at proper intervals along this line, fire plugs should be placed, to which the hose can be attached whenever required. This outside water pipe being connected with that through which the water is forced into the tanks in the dome of the building, all the water in them can be drawn through the fire plugs and used, while the steam engine is being started, and which, by closing a stop cock, can then be made to force the water directly through the hose, upon whatever point is on fire. By proper provision for a quick fire being kept on hand, the engine can always be ready for working in less than thirty minutes from the time of an alarm being given.

To secure prompt and efficient action in case of the occurrence of an accident of this kind, it is important that those about every such establishment should be regularly drilled at stated periods to the proper use of the different apparatus. The early discovery of a fire and its prompt extinction is nowhere of more importance than in a hospital for the insane, for its inmates are more likely to suffer from the smoke than from the heat, and on this account it is desirable that some provision should be made by which the smoke may be to some extent prevented from passing through the flues from the lower to the upper stories.

The mode of making the passage ways between the different wings fireproof, from top to bottom, as proposed in another part of this paper, will do much to prevent a general conflagration, and secure the safety of at least a large proportion of all the inmates, under almost any circumstances.

SUPERVISION OF HOSPITALS FOR THE INSANE.—The best kind of public supervision for a hospital for the insane—that which will tend most effectually to prevent abuses of any kind, to secure good management, an economical administration of its affairs, and the humane and enlightened treatment of all its patients, will be found to be the regular visitations, at short intervals, of a committee from a well constituted Board of Trustees or Managers. Such individuals being men of benevolence, high character and intelligence, serving without compensation, and having no motive in giving their time and attention to the work, but a desire to promote the best interests of the afflicted, forms the surest guarantee to the public, that no just complaint will pass without investigation, and no actual wrong go unredressed; while the frequent examination of the expenditures and the finances generally, will be the most effectual mode of securing a strictly wise and liberal economy in every department.

A permanently constituted Board of Trustees, or one not changed in a body, soon acquires a knowledge of the details of such an establishment, that cannot be possessed by a new set of men, and for this reason the visits from an intelligent board are much more likely to be thorough and useful than those made by persons who are comparatively strangers.

The only other kind of inspection of Hospitals for the Insane, that is likely to be at all valuable, would be that made by a commission composed in part, at least, of men practically familiar with the whole subject, and whose members should have characters so well established as to command the public confidence in their statements and recommendations. Where many private institutions exist, such a commission would seem to be especially desirable, and their visits could hardly prove unacceptable anywhere, if matters are properly managed.

The visits of large bodies, like grand juries, as commonly constituted, without any practical or professional knowledge of the subject, although it might gratify a certain kind of curiosity, could hardly be productive of any good result, either to the public or an institution, for their interests are entirely identical. The want of familiarity with the details of such establishments, of the peculiarities of mental disease or the best modes of treating it, would prevent such a body from making valuable suggestions; while the presence of so large a number of strangers in the wards at one time, might prove detrimental, and would certainly be objected to by many patients.

PROVISION FOR INSANE CRIMINALS.—Steadily increasing as this class unquestionably is, and important as every one must acknowledge it to be, that such provision as humanity and justice require should be made in every community, the subject is well worthy the attention of those about erecting State institutions for the insane, as well as of the Government.

Insane individuals are found in all our prisons, and, as might reasonably be expected, in a much greater ratio than in the innocent portion of the community. The relative number in the different prisons will be found really to vary much less than is generally supposed, except, from the circumstance that some States having no other provision for their dangerous insane, are in the habit of using their prisons as a place of safe keeping for most of this class. There is often an apparent difference in the proportion in different prisons where none really exists, owing to the rigid scrutiny which is made in regard to the mental condition of every convict, in some; while, in others, if a man is quiet and able to work, no trouble is taken in regard to his mental soundness.

There is a certain class of old offenders and notorious prison-breakers, as well as dangerous homicides, who, whether sane or insane, should never be allowed to have a greater degree of liberty than can be found within the walls of a well constructed prison. Hard as this opinion may seem to bear on a few individuals, who have already taken or attempted to take life, or have deeply outraged the laws and the peace of society, still it is as nothing in comparison to the cruelty and injustice that would be done to a whole community, who had never committed an offence, by exposing them to the risks which must always attend the enlargement of such dangerous men, even during a lucid interval. There are many of this class who can never be safely at large, nor yet be kept securely in any hospital properly arranged for the treatment of the insane, without converting a part of it into a prison, or exposing the other patients to risks which no plea of that kind of morbid benevolence, which seems to regard with much greater sympathy the fate of a condemned

felon than the sufferings of his innocent victims and their families, can ever justify. There are other cases, however, who occasionally get to prison wrongfully, persons who are not especially dangerous in their propensities, but who, while in a state of irresponsibility, have committed acts contrary to the laws, and who ought originally to have been sent to a hospital for treatment, instead of to a prison for punishment. Certain cases of insanity, too, that originate in prison may safely be transferred to a hospital for treatment, provided it is deemed expedient to remove convicts at all who become insane after entering a prison, and thus in a measure relieving them from the penalties of their sentence. If many of this class are received into any ordinary hospital for the insane, it can hardly be questioned but that the popular sentiment will be strongly aroused against the measure, especially as escapes will be of such frequent occurrence as to keep the neighborhood in a state of alarm, unless apartments entirely distinct from those of the other patients and of a different character are provided.

A writer of large experience in prisons and prison discipline has recently urged with great force, that it is very questionable whether, under any circumstances, an individual who has been justly sent to prison for the commission of crime should be removed from it till the complete expiration of his sentence. The certainty of every punishment fairly decreed by a court, is unquestionably one of the most important means of deterring bad men from the commission of crime. The deliberate sentence of a judge fairly implies that the offender is to take as a part of the penalty for his crimes,—with his deprivation of liberty and loss of character,—all the risk of suffering from ill health that may arise while he is in prison. The community, of course, is bound to see that no avoidable cause for the production of disease is allowed to exist in a prison, as well as to provide every proper means for its treatment when it occurs. All this can be done within the prison walls, whether the disease be insanity, or fever, or any of the ordinary maladies found in such institutions. Although to do all this properly may require a small hospital inside of the prison walls, still there is certainly no greater objection to that, than to converting a portion of a State hospital into a prison. One of the two alternatives must be adopted. It is very certain that many insane convicts may safely be allowed a greater degree of liberty in a prison yard than in a hospital for the insane, and it seems quite possible to fulfill every claim of justice and humanity by treating all insane criminals within a prison hospital. If it be deemed preferable, however, to send them to a State hospital, there can be no question as to the necessity of providing a distinct building for their accommodation. Even here classification would be important, but the individuals of this kind

from a single State would not be a large enough number to justify a distinct hospital, as has been provided for this class in some parts of Great Britain. The experience of our State hospitals generally is decidedly averse to mingling insane convicts with the other patients, and the escapes have been very numerous in nearly every institution from which I have received any information.

VISITORS.—To secure the comfort of the patients and the good discipline of a hospital for the insane, it is highly important that judicious regulations in regard to visitors should be made and enforced. The propriety of the friends of patients visiting them while under treatment, will, of course, in a great measure, be left to the discretion of the physician. What is quite proper at one period of a case may be totally inadmissible at another. While at one time such interviews may be productive of much benefit, at others they may be decidedly injurious. When the first experimental visit has shown unpleasant results, it is hardly to be supposed that any real friends of a patient, after having had the matter properly explained, would wish again to incur the risk of injuring those in whose welfare they, more than any other persons, ought to be interested. There are but few individuals who should be allowed, even if willing, to incur this responsibility against the advice of the physician. Under ordinary circumstances, a parent could hardly be refused an interview with a child, a husband with a wife, a wife with a husband, a child with a parent, or a legal guardian with a ward. With those thus related, after the physician has performed his duty by a plain statement of the case, the whole responsibility of any injury that may be done to the patient should be made to rest. But with all others, unless very peculiarly related, the chief officer of an institution would hardly be justified, if, for their mere gratification, he permitted visits that he thought likely to prove detrimental. The interviews with friends should not be allowed in a ward, among the other patients, except in cases of severe illness.

In reference to the large class of visitors who resort to hospitals for the insane merely from an idle curiosity, the rules for their regulation should be made under the sanction of the Board of Trustees at the commencement of the institution.

In the vicinity of most public establishments of this nature, especially those provided by the States, there will always be found a large number of persons, who, with a kind of feeling of right, are anxious to have an opportunity of inspecting their arrangements. Carried to a reasonable extent, this kind of visiting is advantageous, as giving the community an opportunity of being disabused of old prejudices, and of knowing something of the science, liberality and benevolence which are now sought

to be enlisted in the care of the insane. All this may be done, however, without keeping the wards in a constant state of excitement, or materially incommoding the patients, by the presence of strangers. Two or three hours in an afternoon, for example, during which only these visits might be allowed, would be sufficient for every purpose, and suitable attendants could, at these periods, be prepared promptly to wait upon company.

Large parties should rarely enter a ward together, for at such times there is seldom much satisfaction for visitors, and a crowd always tends to excite certain classes of patients. No visits in the wards should be protracted.

There are certain wards into which ordinary visitors should never be taken, because few of them would be able to appreciate the mental condition of their occupants, and the probability of serious injury to the sick would be too great to justify such an experiment for the mere gratification of this kind of curiosity.

No visitor should be allowed to enter a ward, or to pass through the private pleasure grounds of the patients, without the permission of the physician, and then should always be accompanied by an officer, or some suitable person selected for that duty.

The exceptions in regard to the parts of hospitals to be visited, as stated in a previous paragraph, apply to the Trustees or Managers, to official visitors of every kind, to the officers of similar institutions and persons specially interested in them, and the members of the medical profession. The first named have the right, and it is their duty to examine thoroughly every part, and it ought to be a pleasure to the physician to exhibit to all who have been named every part of his establishment, and to freely communicate the character of its arrangements and modes of treatment.

Official visitors, when thus making a minute examination of the condition of a hospital and of its inmates, may with entire propriety have a more free and unreserved intercourse with all the patients than can rightfully be accorded to any ordinary visitor. On this account, this kind of official visits should not be connected with those of other persons. The former have a right, although its exercise is not always expedient, to see every patient, whether they are willing or not; but it is a right that cannot be transferred to any other person.

It is not uncommon for visitors to make special requests to see certain patients, of whom they have heard, or with whom they may have had some acquaintance, and to exhibit disappointment, if they fail to be gratified. It is scarcely necessary to say, that no physician has the right, even if he had the inclination, to make this kind of an exhibition of his

patients. Patients, indeed, who do not wish to be seen, should always have the opportunity offered them of retiring to their own rooms while visitors are passing through the wards. It would be about as reasonable for a stranger to call at a citizen's dwelling, and, from motives of curiosity, ask to see a sick member of the family, especially if delirious, as for an ordinary visitor to a hospital for the insane, from similar motives, to demand a sight of some individual, of whose name or history only he may have had some knowledge. Reasonable visitors, when told that the patients are not exhibited, that it is presumed they would not wish members of their own families unnecessarily exposed to the scrutiny of strangers, if unfortunately thus situated, and that such a proceeding is personally offensive to many, would at once see the force of the objection and courteously acquiesce in its correctness.

It would be well generally to impress on visitors through the wards, that those they see there are always to be treated as ladies or gentlemen would wish to be in any other situation, and that levity and rudeness of behavior is quite as objectionable, and childish and unfeeling remarks, or impertinent curiosity, can be as acutely felt and as accurately appreciated there as in a private dwelling.

The names and residences of patients should not be given to that class of inquisitive or thoughtless visitors who, after their return home, are apt to take especial pleasure in retailing the results of their observations on particular individuals, at places and in a manner, to render them particularly painful and offensive to the friends of those who have had the misfortune to come under their critical notice. When such curious inquiries are frequently and pertinaciously urged, it will be quite allowable to have a hospital name for each patient, for the special accommodation of this class of visitors. Such a course can hardly be objected to, when it is remembered, that even in well conducted penal institutions, no inmate's name is divulged to gratify an idle curiosity, and that a number is used in all ordinary reference to every individual.

ADMISSION OF PATIENTS.—While the legislature of a State is engaged in framing the laws under which the organization and government of its hospital is to be established, it is exceedingly desirable that there should be a specific, but simple provision made for the admission of insane persons into such institutions and for their retention and discharge.

The law should be so clear as not to admit of misconstruction, and should aim to have such provisions as will effectually secure to every individual his personal rights, and yet enable him freely and easily to avail himself of the advantages of such institutions, and at the same time completely protect those who have the insane in charge from vexatious

prosecutions for the performance of their onerous and responsible duties. It is undoubtedly for the best interests of the entire community, and especially for the welfare of the afflicted, that all these ends should be equally and effectually attained.

Without wishing to enter elaborately into a discussion of this subject, which in many of its bearings is a most important one, and deserving of a more extended consideration than can be given to it in the present essay, it may be sufficient at present to remark, that a certificate of insanity from competent medical authority, after a careful personal examination, with a written request for the admission, from some near relative, friend or legal guardian, should be deemed indispensable preliminaries to the entrance of any private patient. The proceedings in regard to the patients sent by counties, or committed by the courts, will vary in their character, but should be such as will enable a benevolent citizen to compel those having charge of the insane poor promptly to transfer them from any place in which they are neglected, or suffering from the want of proper treatment.

It has occasionally been proposed, that no patient should be admitted without the sanction of a regular commission of lunacy; but such a suggestion shows a want of familiarity with the circumstances of a large majority of all the cases received, and the plan, if carried out, would be most oppressive and unfortunate in its results.

Those who have proposed this tedious and costly plan of proceeding can scarcely be aware that by it they would prevent a large number of most deserving and interesting cases from receiving the benefits of such an institution,—would cause others to be kept at home till the best period for treatment had passed, from the unwillingness of friends to give such publicity to their domestic sorrows and afflictions,—while on others, little able to bear it, it would bring an amount of expense, often greater than the whole cost of restoring a patient to health.

In the present day, many patients come willingly to a hospital for the insane,—some travel long distances alone and make their own arrangements for admission,—not a few, who are not originally willing to leave home, soon become sensible of the benefit they are receiving and stay voluntarily,—and many are restored in so short a time, that their absence from their places of business is hardly longer than is required for a tolerable journey, or would result from a severe attack of ordinary sickness, and may scarcely excite remark even from those who are in the habit of meeting them.

Of all the cases admitted into our hospitals for the insane, there is not really more than about one per cent., if so many, in which there could be the slightest advantage in having a commission of lunacy pre-

vicious to their entrance; and these are cases with such a peculiar moral temperament, and so likely to give trouble in various ways, that all connected with them, as well as the officers of an institution, are interested in having them confined by legal process. But to subject the remaining 99 per cent., to the trouble, delay, annoyance and expense of a regular commission before they could be placed under proper treatment for their disease, certainly would not be adopting a rule of action that is to give the greatest good to the largest number.

The desire to have such preparatory legal proceedings has probably originated from a belief that the friends of the insane are disposed to confine them unnecessarily, or from sinister motives. A rather extended experience has satisfied me that this is not the case, the prevalent tendency being decidedly to postpone the period for this kind of action as long as possible, without sufficient regard to the best interests of the patient; and I have yet to learn of any deliberate attempt to confine a sane man in any of our hospitals, or to place an insane one there from bad motives. The possibility of all this being attempted is unquestionable, but that any such designs are often, if ever, entertained in the United States is very doubtful, and, if attempted, could hardly escape detection; for the officers of these institutions, regarding themselves as the special friends and protectors of the insane, would be the first to discover and expose such an outrage, and to brand those guilty of such a proceeding with deserved opprobrium. It occasionally happens that habitual drunkards, who are dangerous to their families, and are bringing ruin on all dependent on them, but about whose insanity there is room for doubt, for the want of any other provision, are occasionally sent to hospitals for the insane, and these are the only class of individuals of doubtful insanity whom I have found any one desirous of confining in our hospitals; but although the motive is good, the propriety of their admission is quite questionable, for, as our laws now are, they can rarely be retained long enough to be permanently benefited, and generally their influence on other patients is not at all desirable, nor is their society deemed in any way complimentary by the insane.

The fact that the officers of our public institutions for the insane can have no personal motive or pecuniary interest in retaining any patient for an improper period, is now well understood, and has very properly relieved them, with all sensible people, of every such imputation. Depriving little credit for skill or successful treatment, but from those they send away, and constantly importuned by convalescent patients for a discharge, they are much more likely to err by yielding too soon to the wishes of ill advised friends, than by retaining a patient for too long a period.

When commissions in regard to the insanity of an individual are really

necessary for the protection of his property—and this should be most sacredly guarded during his sickness—it would be a benevolent act, which would entitle its author to high honor, to render this proceeding less expensive than it now is; for, as at present managed, it frequently requires no inconsiderable part of a poor person's estate to enable any one to collect a debt or make a legal settlement of any business in which the individual may have been interested.

IMPORTANCE OF A CORRECT NOMENCLATURE.—The erroneous views of insanity formerly entertained, and the unfortunate modes of treatment which resulted from them, led to the adoption of terms which are now without meaning, and the continued use of which has an unfavorable influence on the best interests of the insane.

It seems especially desirable that this malady, now so much better appreciated by the whole civilized community than formerly, and the importance of the proper treatment of which is so generally admitted, should have every advantage that can result from a correct nomenclature. It is seldom that a disease so well recognized, so important and so prevalent, has had the misfortune to be called by so many ill-selected names, that have themselves tended to produce errors and confirm wrong impressions in the community.

Without any inclination to be hypercritical, it is proposed briefly to allude to some of these misnomers, which custom alone seems to have retained amongst us.

It must seem singular to any one who reflects on the subject, that the term "lunacy," as applied to this disease, should still be retained as generally as it is by the community, by the medical profession, and even by some of the latter whose labors in this specialty have done so much to promote the best interests of a large class of sufferers. "Lunacy" and "lunatic" are terms which have no meaning in reference to the diseases of the mind, and originated from a popular belief in influences that have long since been shown to have no existence.

Both these terms are particularly objectionable from their very derivation, tending to give wrong impressions of the disease and to perpetuate popular errors. Prevalent as the idea may have been with our ancestors, that the insane were specially under the influence of the moon, it is hardly to be supposed that such a sentiment is now seriously entertained by any considerable number in or out of the medical profession. If such are to be found, they would scarcely claim so decided an effect from lunar influence as to make it a ground for giving a name to one of the most important diseases to which man is subject. "Lunatic" is put down, in one of our best modern medical dictionaries, as "moon-struck," and such a term applied to a sick man or connected with an

institution for the treatment of diseases of the brain, is certainly not in character with an age which puts forward so many just claims to be called one of progress. The fact that these terms are still used in law writings is no reason why they should be continued by the medical profession. If universally discarded by physicians, it is not unreasonable to suppose that the bar, with all its fondness for ancient terms, would ultimately reject names which, beyond their antiquity, have not a single claim for retention. As applied to individuals, they have become offensive from their ancient associations. The term "insanity," which I conceive is the only proper name to apply to the disease under notice, is a correct one; it simply means unsoundness, is sufficiently common, and its import generally understood.

With all its distinguishing features, insanity has nothing about it to prevent its being ranked with other diseases. A functional disorder of the brain, it belongs to the same category as those of other organs. Prevailing at all ages, among all classes of civilized men, without regard to talent, fortune or profession, there would seem to be no sound reason why the institutions specially provided for its treatment should have names different from those that are prepared for the relief of the sick suffering from other maladies. It is of great importance to a correct appreciation of insanity by the community, that it should be generally understood, that, treated properly from its commencement, it is commonly a curable disease, and that when patients are sent from home to an institution, it is only that they may have advantages and chances for a restoration nowhere else to be obtained. It should also be impressed upon all, that cases of insanity, however chronic they may be, or however discouraging their symptoms, should still be regarded as worthy of attention, and demanding treatment, if we can do no more, to promote their comfort and happiness, and to keep active, as far and as long as we can, their mental and physical powers.

Institutions for the treatment of other diseases, even if incurable, are called Hospitals; no other term is so common or so well understood, and there is none so appropriate in every respect to those devoted exclusively to the treatment and care of the insane, and, in my estimation, they should be known by no other name.

The titles often applied to institutions for the insane have no appropriateness, even if they do not have a mischievous tendency. The object of their original introduction would seem to have been to give an impression that those who entered them were not sick, or did not come for treatment, or, if ill, that they suffered from some malady which bore no relation to the other diseases which affect our race, but rather that they came as to a place of refuge or security, as though they had

committed some crime, or been banished from the sympathies as well as the presence of society. It is quite true that, appropriate as the name of Hospital is for the institutions provided for the treatment of the insane at the present day, it could hardly have been proper to have so called the receptacles into which they were often thrown, much less than a century ago, where those who had the strongest claims for the sympathy and kindly attentions of their fellow men, were chained and flogged and treated with a cruelty far beyond the lot of most criminals.

The term "Asylum," still so common amongst us, seems to me to be open to all the objections that have been referred to, and ought to be abolished as having an undesirable influence, while its derivation and true meaning certainly do not offer any reason for its retention by any curative institution. It would be about as reasonable to have an Asylum for small pox, or fever, or dyspepsia, or any other disease, as for insanity. Ludicrous as it would appear to have an institution called a Febrile Asylum or a Rheumatic Asylum, it would really be as proper as to have what custom alone has familiarized us to—an Insane Asylum.

The arrangements of a Hospital for the Insane—which is a more euphonious, if not a more correct term than an Insanity Hospital—it is true, are different in many respects from those of ordinary hospitals; but that is no reason why the same name should not be applied to all. The details of a hospital for children, for fever, for contagious diseases, or diseases of the skin, may also vary in their character, without requiring a change in their principal title.

The term "Retreat," is not less exceptionable than that of Asylum, and for the same reasons. They both originated from the best of motives, and have done good in their day, as helping to banish that awful name, "the Mad House," which, of old, had so many real horrors connected with it, and the truthful pictures of which in England and on the Continent have made such an enduring impression on the minds of men, that most of the popular prejudices existing in reference to modern Hospitals for the Insane, although they have no single feature of resemblance, will be found to have originated from this source.

The names of "cells" and "keepers," as applied to the chambers of the insane, and to their attendants, originated at a time when those who were suffering from insanity were often worse treated than convicted felons, and when those who had charge of them exhibited much less humanity than common jailers. Both terms belong to prisons, and no argument is needed to show that they ought never to be heard within the walls of buildings devoted to the relief of the afflicted.

If every one connected with the various establishments provided for the treatment of those suffering from mental disease, would on all occasions discard not only the terms "cells" and "keepers," and "lunacy" and "lunatic," but also those of "Asylums," "Retreats," and whatever other titles fancy may have suggested, and would call their institutions what they really are, Hospitals for the Insane, and let the disease treated in them be spoken of only as Insanity, the public would soon see the propriety of abandoning the terms to which exception has been taken, and that are in so many respects objectionable.

Few, if any, of those who have the immediate charge of the institutions for the insane in America, whose titles are deemed inappropriate, have had any agency in originating their names, and cannot, therefore, be held at all responsible for these unfortunate misnomers. Most of the new institutions commenced within the last few years in the United States are styled "Hospitals for the Insane," and it is well worthy of consideration by those interested, whether it would not be worth an effort to induce those who have the power to change the titles of those previously established, so as to secure accuracy and uniformity among American institutions.

At a meeting of "THE ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSTITUTIONS FOR THE INSANE," held at Philadelphia, in May, 1851, the following series of propositions relative to the construction of Hospitals for the Insane, was unanimously adopted as the sentiments of that body on the subjects referred to; and, in like manner, at the meeting held in Baltimore, in 1852, the succeeding series of propositions in reference to the organization of these institutions was also adopted, and, with the former, directed to be published in the "*American Journal of Insanity*," and to be appended to the annual reports of the different institutions:—

PROPOSITIONS RELATIVE TO THE CONSTRUCTION OF HOSPITALS
FOR THE INSANE.

I. Every hospital for the insane should be in the country, not within less than two miles of a large town, and easily accessible at all seasons.

II. No hospital for the insane, however limited its capacity, should have less than fifty acres of land, devoted to gardens and pleasure-grounds for its patients. At least one hundred acres should be possessed by every State hospital, or other institution for two hundred patients, to which number these propositions apply, unless otherwise mentioned.

III. Means should be provided to raise ten thousand gallons of water, daily, to reservoirs that will supply the highest parts of the building.

IV. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

V. The highest number that can with propriety be treated in one building is two hundred and fifty, while two hundred is a preferable maximum.

VI. All such buildings should be constructed of stone or brick, have slate or metallic roofs, and, as far as possible, be made secure from accidents by fire.

VII. Every hospital, having provision for two hundred or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.

VIII. Each ward should have in it a parlor, a corridor, single lodging-rooms for patients, an associated dormitory, communicating with a chamber for two attendants; a clothes-room, a bath-room, a water-closet, a dining-room, a dumb-waiter, and a speaking-tube leading to the kitchen or other central part of the building.

IX. No apartments should ever be provided for the confinement of patients, or as their lodging-rooms, that are not entirely above ground.

X. No class of rooms should ever be constructed without some kind of window in each, communicating directly with the external atmosphere.

XI. No chamber for the use of a single patient should ever be less than eight by ten feet, nor should the ceiling of any story occupied by patients be less than twelve feet in height.

XII. The floors of patients' apartments should always be of wood.

XIII. The stairways should always be of iron, stone, or other indestructible material, ample in size and number, and easy of ascent, to afford convenient egress in case of accident from fire.

XIV. A large hospital should consist of a main central building with wings.

XV. The main central building should contain the offices, receiving-rooms for company, and apartments, entirely private, for the superintending physician and his family, in case that officer resides in the hospital building.

XVI. The wings should be so arranged that, if rooms are placed on both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the free admission of both light and air.

XVII. The lighting should be by gas, on account of its convenience, cleanliness, safety, and economy.

XVIII. The apartments for washing clothing, &c., should be detached from the hospital building.

XIX. The drainage should be under ground, and all the inlets to the sewers should be properly secured to prevent offensive emanations.

XX. All hospitals should be warmed by passing an abundance of pure, fresh air from the external atmosphere, over pipes or plates, containing steam under low pressure, or hot water, the temperature of which at the boiler does not exceed 212° F., and placed in the basement or cellar of the building to be heated.

XXI. A complete system of forced ventilation, in connection with the heating, is indispensable to give purity to the air of a hospital for the in-

sane; and no expense that is required to effect this object thoroughly can be deemed either misplaced or injudicious.

XXII. The boilers for generating steam for warming the building should be in a detached structure, connected with which may be the engine for pumping water, driving the washing apparatus, and other machinery.

XXIII. All water-closets should, as far as possible, be made of indestructible materials, be simple in their arrangements, and have a strong downward ventilation connected with them.

XXIV. The floors of bath-rooms, water-closets, and basement stories, should, as far as possible, be made of materials that will not absorb moisture.

XXV. The wards for the most excited class should be constructed with rooms on but one side of a corridor, not less than ten feet wide, the external windows of which should be large, and have pleasant views from them.

XXVI. Wherever practicable, the pleasure-grounds of a hospital for the insane, should be surrounded by a substantial wall, so placed as not to be unpleasantly visible from the building.

PROPOSITIONS RELATIVE TO THE ORGANIZATION OF HOSPITALS FOR THE INSANE.

I. The general controlling power should be vested in a Board of Trustees or Managers; if of a State institution, selected in such manner as will be likely most effectually to protect it from all influences connected with political measures or political changes; if of a private corporation, by those properly authorized to vote.

II. The Board of Trustees should not exceed twelve in number, and be composed of individuals possessing the public confidence, distinguished for liberality, intelligence, and active benevolence, above all political influence, and able and willing faithfully to attend to the duties of their station. Their tenure of office should be so arranged that when changes are deemed desirable, the terms of not more than one-third of the whole number should expire in any one year.

III. The Board of Trustees should appoint the Physician, and, on his nomination, and not otherwise, the Assistant Physician, Steward and Matron. They should, as a board, or by committee, visit and examine every part of the institution at frequent stated intervals, not less than semi-monthly, and at such other times as they may deem expedient, and exercise so careful a supervision over the expenditures and general operations of the hospital, as to give to the community a proper degree of confidence in the correctness of its management.

IV. The Physician should be the Superintendent and chief executive officer of the establishment. Besides being a well educated physician, he should possess the mental, physical and social qualities to fit him for the post. He should serve during good behavior, reside on or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as Assistant Physician, Steward and Matron. He should have entire control of the medical, moral, and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in

their care, and should exercise a general supervision and direction of every department of the Institution.

V. The Assistant Physician, or Assistant Physicians, where more than one are required, should be graduates of medicine, of such character and qualifications as to be able to represent and to perform the ordinary duties of the Physician during his absence.

VI. The Steward, under the direction of the Superintending Physician, and by his order, should make all purchases for the Institution, keep the accounts, make engagements with, pay and discharge those employed about the establishment; have a supervision of the farm, garden and grounds, and perform such other duties as may be assigned him.

VII. The Matron, under the direction of the Superintendent, should have a general supervision of the domestic arrangements of the house; and, under the same direction, do what she can to promote the comfort and restoration of the patients.

VIII. In institutions containing more than two hundred patients, a Second Assistant Physician and an Apothecary should be employed; to the latter of whom other duties, in the male wards, may be conveniently assigned.

IX. If a Chaplain is deemed desirable as a permanent officer, he should be selected by the Superintendent, and, like all others engaged in the care of the patients, should be entirely under his direction.

X. In every Hospital for the Insane, there should be one supervisor for each sex, exercising a general oversight of all the attendants and patients, and forming a medium of communication between them and the officers.

XI. In no institution should the number of persons in immediate attendance on the patients be in a lower ratio than one attendant for every ten patients; and a much larger proportion of attendants will commonly be desirable.

XII. The fullest authority should be given to the Superintendent to take every precaution that can guard against fire or accident within an institution, and to secure this an efficient night-watch should always be provided.

XIII. The situation and circumstances of different institutions may require a considerable number of persons to be employed in various other positions; but in every hospital, at least all those that have been referred to are deemed not only desirable, but absolutely necessary, to give all the advantages that may be hoped for from a liberal and enlightened treatment of the insane.

XIV. All persons employed in the care of the insane should be active, vigilant, cheerful, and in good health. They should be of a kind and benevolent disposition; be educated, and in all respects trustworthy; and their compensation should be sufficiently liberal to secure the services of individuals of this description.

ARTICLE III.

ETHERIZATION IN THE TREATMENT OF INSANITY.—

BY DR. RAY, BUTLER HOSPITAL, PROVIDENCE, R. I.

(Read before the Association of Superintendents, May, 1854.)

The remarkable effect of etherization upon the nervous system, under certain conditions, naturally led to trials of its use in the treatment of mental disease. The result, at first, was not such as to recommend it to favor, and now, I apprehend, it is seldom used in our hospitals for the insane. Several incidents contributed to this result, which should be thoroughly considered before making up a final judgment on the matter.

In the first place, probably too much was expected of it. Its wonderful power of annulling sensibility seemed to warrant an expectation of speedy and signal benefit in the treatment of mental disease; and therefore, when the patient, after a few trials, was apparently but little, if at all improved, it was too readily concluded, that etherization furnished no new resource in this department of the healing art. In the disappointment of these undue expectations, the fact was overlooked, that, though it could not immediately arrest an attack of insanity, it might, nevertheless, if skilfully applied, accomplish some very important objects in the restorative process.

It is doubtful, too, if it were always correctly administered. The much greater quantity required to affect the insane must have often led others to believe, as at first it did myself, that, for the most part, the insane are not susceptible of its influence, or, at least, not to the same degree as the sane. The early direction to sprinkle a little of the fluid on a napkin, and hold this to the nostrils, utterly failed to bring out its peculiar properties. In Dr. Brigham's account of his experiments with ether,* it is obvious that, in not a single instance, was the patient completely etherized. In fact, they were all as far from it as they would have been from narcotization, after taking a few drops of laudanum.

It has also been generally supposed to be unsafe in recent cases, and hence its effects have been seldom witnessed in the class of patients most likely to be benefited by it. In a few instances, too, it was re-

* See Vol. IV, p. 73.

ported to have produced new and more disagreeable manifestations of disease, such as suicidal propensity, painful delusions, &c.

From these various causes it has happened that etherization has not had a faithful trial in the treatment of insanity, and, consequently, that its real efficiency has not been discovered. The utter impotence of other remedies to control some of the graver manifestations of disease led me, about five years since, to resort to etherization, and within that period I find, by examining our records, that it has been administered in the Butler Hospital to about twenty-five patients, and, altogether, about two hundred and twenty times. Few among us probably have had an ampler experience with the article than this, and it has struck me that I could not better employ the occasion than by giving some account of it. To relate every case would, of course, be impracticable, and I must therefore content myself with a general summary of results.

In the treatment of recent cases I have found it more reliable than anything else in combating certain conditions, and inducing others more desirable. We have all, I presume, had ample reason to know how little we can depend on opium or any other narcotic to allay that intense nervous excitement sometimes present, leading to incessant movement, violent agitation, and sleeplessness, and which calls for speedy relief, because it rapidly exhausts the vital energies, and, while it lasts, is incompatible with any restorative process. For myself, I am quite satisfied that they usually make the matter worse. Neither have I seen much benefit from the cold or hot bath, both of which have been strongly recommended for this purpose. Accordingly, when we had placed the patient in the bed-strap and thus rendered jactitation impossible, we felt that we had done about all which the resources of the art permitted. It was certainly better than nothing. It sometimes calmed the excitement, and thus prepared the patient for sleep. It prevented disagreeable bruises, and kept him out of harm. But nobody will contend that, as a remedial measure, it was often followed by much success. The patient will not always get sleep in this manner, and restraining apparatus will frequently chafe and become inadmissible. When the nervous condition here referred to proceeds from some form of that acute maniacal affection now so common in our hospitals, the danger is imminent, and relief must be speedy. Night after night is passed without sleep, food is loathed and rejected, the vital forces are being rapidly consumed, and symptoms of dissolution appear almost before we are aware of any danger. Every hour, while this condition remains, renders recovery less probable, and only a few days are required to decide the event. Any contribution to our means of relief in this class of cases must be cor-

dially welcomed, and such a contribution, in my opinion, is the inhalation of ether. If it has not always effected recovery, it has never failed to alleviate suffering, and render the necessary attentions more easy and gratifying.

In the early periods of the ether discovery, its use was supposed to be unsafe in acute mania; but my experience has not confirmed this opinion, for it is in this form of disease that its benefits have been most decidedly manifested. Nor am I aware of a single instance in which it could be charged with accelerating the progress of disease, or producing any other disagreeable effect. Etherization for the purpose of curing mental disease by some specific operation, as quinine cures intermittents, will seldom succeed, and I have never used it with precisely this end in view. What I contend for is, that certain conditions which may accompany insanity are removed by it with unexampled success; and to these I shall briefly advert.

We all know that the insane are sometimes so far under the dominion of imaginary terrors, that they lose all self-control, and exhaust themselves in their efforts to escape the threatened evil. An old man, habitually calm, was at times so overwhelmed by the idea that enemies were after him, that he cried, screamed, and labored with all his might in moving about his furniture back and forth, while every joint trembled, and perspiration ran down his body in streams. In a few minutes after beginning to inhale ether he was plunged into a deep sleep, and for twenty-four hours or more enjoyed a truce with his terrors. Another, suffering under acute maniacal disease, and manifesting the same trait, was wont to seize upon the attendant when leaving the room, as if afraid of being left alone. On one occasion, so strong was his grasp that the attendant found it impossible to get away. Another, and still another, came to his aid and these three men labored to disengage themselves, until they became exhausted and powerless. At this moment the assistant-physician happened to come along, and seeing the trouble, immediately etherized the patient, and thus put an end to his terrors and to his agitation.

We have all, no doubt, experienced the difficulty of introducing the stomach-tube, against the utmost resistance of the patient. Broken teeth and bleeding lips are not the most disagreeable among the consequences of such an operation. The moral impression is inconceivably painful, and not calculated, while it lasts, to promote any restorative process. Etherization prevents all resistance, the mouth readily opens, the tube is quietly thrust into the stomach, while the patient may not even be aware of what has been done. With my present views upon

the matter, I should always resort to etherization whenever the patient refused to be passive under the operation of introducing the tube.

The introduction of the catheter, too, when required, is sometimes so strongly resisted as to become exceedingly embarrassing to the physician, and painful to the patient. The matter is still worse when there exists a stricture, or any other abnormal condition of the parts. Under such circumstances, etherization proves to be an invaluable blessing, for it enables us to perform a painful and dreaded operation as quietly and easily as the most acceptable service.

In chronic cases the occasions which seem to require its use are not so frequent, but I have sometimes resorted to it in order to break the force of the violent paroxysms by which many of them are marked. Such persons are thus rendered more comfortable, both to themselves and to others, and that, too, without the sacrifice of any important point. A female patient, who has been with us from the beginning, has a paroxysm once in five or six months, when she has always manifested an extraordinary degree of noise, violence, destructiveness and malice. She may have slept an hour or two in the twenty-four, but the rest of the time she was incessantly stamping, pounding, vociferating, abusing everybody, and resisting the most necessary attentions. Narcotics were thoroughly tried, with but little, if any, benefit. By etherizing her at bed-time, she would get a quiet night, was far less wild during the day, refrained from destroying her clothing, and could be easily handled by a single attendant. In one case a single etherization was sufficient to convert a patient, remarkably noisy and agitated, into one of the most quiet in the house.

In suicidal cases accompanied by much nervous excitement, etherization at night is peculiarly appropriate, because it enables the patient to sleep, and furnishes additional security. In one of the severest I ever observed, and which was also accompanied by a strong homicidal propensity, it was used with the happiest results. For several months her own safety required that an attendant should be near her perpetually; and, not unfrequently, this was insufficient without mechanical restraint. The night was often spent in struggles with the attendant who slept, or rather stayed, with her, with such physical and moral consequences as might have been expected. She lost flesh, her pulse rose, and countenance became wild and haggard. All other treatment failing, we thought of etherization, and it was one of the first cases in which I used it. Given at bed-time, its effect was a quiet night, several hours of sound sleep, and a well marked improvement during the day. Under its use two or three weeks, this improvement passed into decided convales-

cence, and in the course of two or three months it was impossible to discern a single unhealthy manifestation. She was then discharged, and not long after was married.

These results of etherization certainly recommend it to our attention; and if they are confirmed by the experiments of others, it is evident that we possess an invaluable remedy in the treatment of mental disease. If it is to be despised because it fails to procure immediate recovery, then it may as well have never been discovered. The world, however, is united in believing that its power to abolish pain under the operations of surgery renders it a signal blessing to man; and it will regard our conduct as neither humane nor judicious, if we despise its aid in suspending the still greater pains of insanity.

The anæsthetic agent which I have used is rectified sulphuric ether. It is unquestionably the safest, and, with the single exception of the comparative slowness of its operation, it is not inferior, in any respect, I apprehend, to any other. The patient lying on his back, the ether is poured upon a sponge of a cup-like form, which is applied in such a manner that the hollow completely embraces the nostrils, care being taken to allow the ingress of a sufficient amount of air. As fast as the fluid is dissipated it may be supplied by pouring from a phial. Complete etherization is effected in a period varying from half a minute to five minutes, and requires from half an ounce to two ounces. The quantity required depends more upon the quality of the article than it is generally supposed. Ether, made by the druggist who furnishes me with whatever is required in his line—A. L. Calder, of Providence—was found to possess three times more efficiency than that obtained from Philadelphia. It is probable, too, that the more potent the article, the purer it is, and that the fatal consequences which sometimes follow etherization are owing to the impurity of the article used, rather than any idiosyncrasy of the patient. However this may be, whoever begins the use of ether with a poor article will be more likely at last to abandon it entirely, than retain it as one of the most satisfactory means within his reach for combating some of the most intractable manifestations of mental disease.

The apparent effect upon the patient under its immediate operation is tolerably uniform. When completely etherized, he becomes insensible and unconscious, and seems to be in a deep sleep. In this condition he remains, in most cases, about twenty or thirty minutes, but not unfrequently from two to four hours. He then wakes up, looks around, talks perhaps, and usually passes into a sleep of a more natural character which may continue for several hours. If he remains awake, however,

he is comparatively calm and quiet for several hours, when the occasion for the remedy is generally renewed. When used for the purpose of subduing excitement, and procuring sleep, the best time for administering it is in the evening, for the simple reason that sleep and quiet are more refreshing when procured during the night than during the day. Of course, the ordinary precautions should be observed. I should hesitate to etherize a patient whose pulse intermitted, or whose lungs were supposed to be seriously diseased.

In using ether by lamp-light, it should be borne in mind that it is highly inflammable, and therefore must be kept at a considerable distance from the light. I have known it to inflame when being poured from a jug, though at least three feet from the lamp.

So far as my success with etherization may be attributed to the manner in which it has been administered, (and I am inclined to think that much depends upon this,) the credit is properly due to my assistant, Dr. Ranney, who, by frequent and careful practice, has obtained all that skill which is necessary to the highest degree of success.

ARTICLE IV.

INSANITY IN ITALY. BY JOHN M. GALT, M.D., SUPERINTENDENT AND PHYSICIAN OF THE EASTERN LUNATIC ASYLUM OF VIRGINIA.

An article which we prepared for the July number of the "*Journal of Insanity*," was principally devoted to an analysis of a publication relative to the statistics of mental disease, as exhibited in the returns of an institution for the insane in Italy. In accordance with a remark which we then made, we now proceed to notice a second statistical work, which is due to another of these establishments in the same bright land. "*Rapporto Statistico—Medico-Dodicennale, 1840-1851. Sulla Casa de'Pazzi in S. Margherita Di Perugia*," &c.; or, "*Report for the Twelve Years between 1839 and 1852, of the Hospital of St. Margaret, at Perugia*." This is a production of Dr. Caesar Massari, the Medical Director of the Institution.

The work under discussion consists of three parts: First, a preface relative to statistical medicine, more interesting than matters of the sort usually are; secondly, there are a number of statistical tables, but without the extended remarks of Dr. Girolami; and thirdly, we have a detailed history of fourteen cases of mental derangement, in some in-

stances containing also the *post mortem* results, and forming collectively a representation of the mode of treatment pursued at St. Margaret in each variety of insanity.

Dr. Massari sets out, in his preface, by declaring his allegiance to the principle of adhering to facts rather than theory, and repeats a declaration, to that effect, of "the Nestor of Italian medicine, the learned Lanza." After then alluding to the new science of statistics, he refers to an order of the Government on the subject, issued on the 13th of June, 1850, requiring a report of the statistics of every province, thus obtaining the facts required to exhibit the physical, moral, economical and civil condition of the nation; for which enlightened act, we at least are ready to assign due credit to the Papal authorities. With regard to statistics as applied to medicine, the writer goes on to say that a work* of the illustrious Dr. Antonio Salvagnoli Marchetti should not be forgotten. The statistics of insanity, he observes, originated with Pinel and Esquirol. He proceeds to allude to the many sources of error and defects in the statistics of insanity, such as the want of a proper nomenclology, confusion of symptomatology, the want of sufficiently expressive scientific terms, &c. He then speaks in tones of regret, that "Italy has not yet established a scientific aggregation of those physicians having the care of the insane, (*"Medici alienisti,"* or, "mad doctors,") in order to discuss statistical defects, and to establish fixed formulae relative to mental maladies." He states, furthermore, that he has called attention to this point in his first biennial report of the Hospital of St. Margaret; that it is very encouraging to him to have received, in this connection, the spontaneous approval of those high in authority; and that, with not less zeal also, Professor Gulandi, of the Hospital for the Insane at Bologna, in 1848, published a long and appropriate article, recommending an association of the physicians attached to institutions for the insane.

Our author then passes on to mention the advance in other countries in the way of a periodical literature devoted to psychological medicine. France, he observes, commenced the splendid series of the "*Annales Medico-Psychologiques*," in 1848; and Germany, in 1844, a publication of similar character; whilst England instituted an analogous effort, in 1848, in "*The Journal of Psychological Medicine and Mental Pathology*." A commencement only, he says, has been made in this line of endeavor in Italy, by Professor Panizza, and Dr. Verga, (Physician to the celebrated Senavra at Milan,) in the "*Appendice Psichiatrica*" to the Medical Gazette of Lombardy.

In excuse for the want of particular remarks as to the tables gene-

* "*Istituzioni di Statistica Medica Nazionale.*"

rally, towards the end of this part of his pamphlet, Dr. Massari refers his readers to a former report, 1837-45; and concludes the section by calling attention to the increase of insanity, not only as evinced in the increasing number of receptions at Perugia, but as deduced from various facts, and shown to be general throughout Europe. This pervading increment of a sad disease he attributes chiefly to a deficiency in proper moral training, agreeing with M. Saint Marc Girardin, that we educate the intellect, but fail to act upon the heart.

From the first two statistical tables we glean the results that during the twelve years from 1840 to 1851, inclusive, 299 patients were received—males, 196; females, 103; there being at the commencement of the period as residents, 40 males, and 35 females. The number of discharges is 171—males, 114; females, 57. The number of deaths amounts to 111—males, 72; females, 39. Leaving on the 31st of December, 1852, 92 inmates—males, 50; females, 42.

The third table refers to the seasons. The receptions in spring amount to 80—males, 56; females, 24. In summer to 92—males, 57; females, 35. In autumn to 62—males, 40; females, 22. In winter to 65—males, 43; females, 22. The number of discharges in spring amounts to 35—males, 23; females, 12. In summer to 19—males, 15; females, 4. In autumn, to 59—males, 40; females, 19. In winter to 32—males, 21; females, 11. Then are enrolled the deaths, being in spring, 23—males, 16; females, 7. In summer, 22—males, 12; females, 10. In autumn, 19—males, 15; females, 4. In winter, 19—males, 12; females, 7.

The three succeeding tables we insert in full:

AGE.			
Years.	Males.	Females.	Total.
From 10 to 20,	12	15	27
" 20 to 30,	55	24	79
" 30 to 40,	57	29	86
" 40 to 50,	38	22	60
" 50 to 60,	25	8	33
" 60 to 70,	6	3	9
" 70 to 80,	3	2	5

SOCIAL CONDITION.			
	Males.	Females.	Total.
Agriculturists,	46	38	84
Artizans, &c.,	41	20	61
Merchants, &c.,	41	25	66
Soldiers,	15	0	15
Men of Science and Artists,	15	0	15
From the Aristocracy,	13	11	24
Priests,	11	0	11

	Males.	Females.	Total.
Servants and Beggars,.....	8	1	9
From the Cloister,.....	5	5	10
Officials,.....	2	2	4

CIVIL CONDITION.

	Males.	Females.	Total.
Single,	133	49	182
Married,.....	55	44	99
Widows,	0	9	9
Widowers,.....	9	0	9

Next come two tabular views, which, relating merely to locality and charges for board, may be passed over without further remark, save that of 299 admissions, 189 are classed as "poveri." Then we find tabulated the facts concerning the forms of insanity. Of the receptions, 125 were cases of mania—males, 82; females, 43. Of monomania, there were 140—males, 91; females, 49. Of dementia, there were 31 cases—males, 20; females, 11. Three of the men are classed under the head of idiocy. The next synopsis refers to the time at which the mental alienation commenced, and the consequent associated facts. Of the whole number of receptions 147 were recent cases—males, 99; females, 48. Of inveterate cases, or those dating back beyond three years, the number received has been 98. The discharges under this head number 47—males, 32; females, 15; and the deaths 26—males, 16; females, 10. The succeeding entry has regard to the return of the psychical disturbance, the number of cases so classified being 32—males, 20; females, 12; of which 18 have been discharged—males, 12; females, 6; and 6 have died—males, 2; females, 4. A complication with epilepsy occurs in 15 cases, 4 of whom have been discharged—males, 3; female, 1; and 8 have died—males, 5; females, 3. In 7 of the inmates palsy has existed—males, 6; females, 1; all of whom have died.

The tabular views as to causation are—1st. The physical causes of their mental alienation in the male patients. 2d. The moral causative agents in the same class. 3d. The physical causes of mental disease in the female patients. And 4th, The moral causes in this section of the inmates of St. Margaret. Under the first division, the largest item are the cases set down as hereditary, being 29. Then follow 14 from intemperance and other evil courses; 13 from over-exertion and atmospheric vicissitudes; 10 are named as unknown and 5 doubtful; 4 from want; 2 from onanism; 1 from a blow on the head, &c. The leading cause in the second table is assigned to be political, in its various shapes, and amounts to 25. Then in order, 14 are attributed to domestic difficulties, 13 to reverses of fortune, 12 cases are from love, 10 from reli-

gious feelings, 2 from jealousy, 1 from vampirism; 1 is a case of simulated insanity, &c. Of the physical causes in the females, 11 are hereditary, 10 from excessive labor, insolation and atmospheric vicissitudes; 8 hysterical, 2 from fright, 2 from want, 1 from intemperance, &c. Under the fourth head, or moral causes inducing insanity in the females, domestic difficulties are at the top of the catalogue, amounting in number to 12; then comes conjugal jealousy, there being 10 cases from this cause; 9 are from religious feelings, 3 from political influences; family disasters, 2; reverse of fortune, 1; avarice, 1, &c.

Next in order follows a list of the modes of occupation pursued by the insane residents of St. Margaret. Of the men, 117 have been occupied, and 79 unoccupied. The greater number have been employed in agricultural pursuits, and next in proportion are those assisting in household matters; 19 have been engaged in some literary pursuit, a few in trades, and several in painting and the other fine arts. Of the females, 79 have been occupied and 24 not so. The separate items are as follows:—Sewing, 30; spinning, 19; as domestics, 10; preparing lint and bandages for the infirmary of the hospital, 9; weaving, 5; embroidery, 3; reading, 2; music, 1.

Immediately after the table last presented we have an important one giving the results of this institution in the cases of hereditary insanity received therein, the number being 40—males, 29; females, 11. The fate of these is as follows: discharged, 18—males, 12; females, 6. Died, 10—males, 8; females, 2. The number of those remaining in the establishment on the 31st of December, 1851, is 12—males, 9; females, 3. Then ensues a statement of the condition in which those discharged left the asylum. The number of the recoveries is 117—males, 78; females, 39. The number discharged in an improved state is 21; males, 15; females, 6. And 7—males, 6; females, 1; are entitled "chronic." The succeeding page furnishes the statistics of recovery, as they relate to the length of time required to secure convalescence. Sixty-eight patients were discharged within six months from the date of their admission—males, 49; females, 19. Thirty-five within twelve months—males, 22; females, 13. Ten within 18 months—males, 6; females, 4. Of those remaining 36 months, 11 have been discharged—males, 7; females, 4. The number of patients leaving after a stay of three years is 4 males. After a stay of 4 years, males 5; whilst only three—males, 2; female, 1—were residents beyond eight years.

Of the 83 deaths—males, 53; females, 30—the annexed summary succinctly embraces the causation.

	Males.	Females.	Total.
Apoplexy, &c.....	15	7	22
Marasmus.....	15	7	22
Pneumonia.....	12	2	14
Acute fevers.....	5	6	11
Cachexy and dropsy,	4	5	9
Inanition.....	3	1	4
Suicide.....	1	0	1

Last among the tables is an outline of all the changes at St. Margaret since its foundation:—Admissions, 693—males, 464; females, 229. Discharges, 397—males, 276; females, 121. Deaths, 204—males, 137; females, 67. Leaving at the close of 1851, 92 inmates—males, 50; females, 42.

A third division of Dr. Massari's effort consists of a detailed history of fourteen cases, treated at St. Margaret, thus illustrating alike the mode of management pursued at this establishment and the general subject of insanity: these are rather long-winded, but we shall endeavor to present a brief outline of their leading particulars. The first in the catalogue is entitled a case of "Monomania religiosa-politica."—The patient was of bilious temperament, aged 32; the insanity being apparently caused by domestic difficulties. Dr. Massari speaks of him as "enamored of the sun," and mentions that this unusual symptom existed in a patient described by Dr. Blanch, whose life was actually terminated in the eclipse of 1833. The patient at present under consideration evinced, moreover, an aversion to kings and other rulers, using abusive language in alluding to them. The method of Leuret* was employed, the cold douche being the agent, but the patient's firmness rendered it unavailing. Subsequently, frequent warm baths and refrigerant and sedative decoctions were administered. It is also remarked that especial care was had to carry into effect the rule of Georget,† never to exercise the sufferer's mind in the sense of his delusion. The individual recovered.

Case II, *Mania Omicida*.—This person killed his father in a supposed paroxysm of insanity. A prominent symptom was the fancy that he had

* We are pleased to see that full trial is made in Italy of the views of M. Leuret. They are perhaps not surpassed in originality by those of any other medical psychologist since Pinel and Esquirol. In England and America they have been by no means fairly tested.

† The three excellent rules of Georget are these—1. Ne jamais exercer l'esprit des aliénés dans le sens de leur délire. 2. Ne jamais attaquer de front, ouvertement les idées, les affections et les penchans exaltés des fous. 3. Faire naître, par des impressions diverses, des idées nouvelles, des affections, des commotions morales, réveiller ainsi des facultés inactives.—De La Folie, &c. Par M. Georget, pgs. 280, 281, 283.

acquired great wealth. He was of bilious temperament and strongly developed muscles. Coercive means, low diet, prolonged baths, tartar emetic in large doses, and venesection united to diminish his restlessness and violence. Later in the disease he labored under the surveillance of an attendant, whilst low diet and abstinence from wine were continued. A restoration to sanity ensued.

Case III. *Mania Tesaurica*; or, the mania in relation to property.—A poor man married the daughter of a wealthy one, but who permitted his son-in-law and his family to live an existence almost of want. This condition of things led to insanity. Of ardent disposition, with sparkling eyes and sanguine temperament, he was agitated by a continuous mania on the subject of wealth. He was in fancy the chief and richest man on earth; and, with an ungovernable loquacity, he was ever repeating words in such relation—thousands, principalities, &c. He died. We extract a few of the *post-mortem* results. Exterior.—There was some emaciation, a waxy appearance of the skin, and no disfiguration of it. The head was small and irregular, the bones of the cranium thin and deficient in diploe. There was little appearance of sutures. The meninges were engorged. There was no organic singularity in either the cerebrum or the cerebellum. The chest.—The left lung was hepaticized, the right engorged with blood. In the right ventricle there was a fibrous polypus—and the writer goes on to speculate how far this last might have been connected with the particular symptoms of the mental disease.

Case IV. *Monomania Religiosa*.—B. B. C., of healthy constitution, melancholy temperament and good habits, was attacked by religious insanity. He had gone into the army without consulting his father.—From being silent at first, and willing to occupy himself, he subsequently commenced to talk constantly of his sins, and to make the sign of the cross, and passed finally into a complete delirium. The treatment consisted of the camisole, isolation, ipecacuanha and emetic tartar dissolved in lemonade. After he had become tranquil, his desire continuing for a military life, he was given lessons by an old sergeant, and thus went forth a soldier from the lunatic asylum.

Case V. *Mania Erotica*.—A. F. became a patient in 1844, and died of apoplexy in 1848. She was of low stature, robust form, rough countenance, and fiery temperament, and she was also affected with goitre. Erotic insanity succeeded a disappointment in love; and, on emerging from a filthy prison, under the influence of the comfort and neatness of the hospital, in a few weeks she became tranquil and related her love-affair. Then she passed to the inertness of a stony silence, with fixed eyes, and head bent towards the earth, and with an irresistible propen-

sity to crouch upon the naked pavement. Muttering at one time prayers and at another imprecations, she fiercely opposed every one that interrupted her. She gave way to a blind and causeless anger, using the most insulting language, and then she became torpid again. Her menstruation was regular but scanty. Bleeding and drugs alike were so difficult to carry into effect, that all hope of a cure was lost. The most peculiar result of autopsy of the brain was the presence of a tumor of the kind called by Sebert, fibro-plastic, of which a close analysis, both chemical and pathological, is given, but for the details of which we have no room.

Case VI. *Mania Puerperale Lattea*.—The patient was about 36, the mother of four sons; suppression of the lacteal secretion and suppuration led to puerperal insanity. She recovered in two years. There was at first continual and violent excitement. The treatment consisted primarily in abstracting all stimuli, both physical and moral. The symptoms continuing, some repose was attained by ordinary baths, and more from cold immersion, succeeded immediately by the warm bath. As exhibiting the scientific character of the Italian physicians, we may remark that mention is made of detecting the presence of free lactic acid in this patient, which had been evinced through a specific sourness in the perspiration; this reddened the azure of the tincture of turnsol* subsequently, in the way of treatment, vesication was employed, and antimonial frictions along the spine. Her diet was farinaceous, some fruits being also allowed, and a little bread and wine. If the food was at all augmented, the symptoms would become worse. The next additional means of treatment consisted in prescribing every six days magnesia and the flowers of sulphur; afterwards she was given copious depurative decoctions and prolonged warm baths, with, at the same time, a sprinkle of cold water on the head. Ultimately she was put to spinning, entered into the common life of the other inmates, and was allowed a more nutritive diet. Medical means were kept up, and she took generous doses of the depurative decoctions of guaiacum, of dulcamara and cina.† The disease then terminating in alarming anemia, medicines were abandoned and moral means resorted to.

Case VII. *Mania Collerica Potenziale*.—This patient was a nun, 27 years old, of sanguine temperament, who, in consequence of some slight from the superior of the religious house to which she belonged, became violently insane, tore her garments, refused food, &c. The curative means were repression, isolation, leeching and the warm bath. Then calomel, lauro-cerasus and digitalis. She was also prescribed a veget-

* Litmus.

† *Artemisia santonica*.

able diet. On recovery, after a year's residence in her family, she returned to the convent, where she subsequently enjoyed great tranquillity of mind.

Case VIII. *Mania Continua Agitata*.—The author entitles this case "agitata," as that last mentioned is entitled "collerica," because of the former being marked by agitation and the latter by violence. As a part of some preliminary remarks, he says that refusal of food is due either to some fancied command from Heaven, or to a special hallucination, or to a suicidal tendency, or else to a morbid state of the nervous, ganglionic and splanchnic system, from which proceeds an oppressed and, as it were, paralyzed condition of the gastro-enteric organs. In a note, he gives an amusing instance of the blunders which foreigners sometimes make in English and American names. For he observes that he has "perused with pleasure the short but pithy article of Dr. Luther, 'On the forced Alimentation of the Insane.' *Annali Medico-Psychol. di Parigi*, 1852. Aprile, pag. 299." Now in reality, this was an article taken originally from the "Journal of Insanity," and contributed thereto by the able and distinguished physician of the McLean Asylum, Dr. Luther V. Bell; the editors of the "*Annales Medico Psychologiques*" having made a mistake in his name, and this is repeated here by Dr. Massari; he speaks of the production of Dr. Bell as "parole del Dott. Luther." But to return: the patient in the present case was a servant, aged 38, of nervous temperament. His malady was owing to too great fatigue from a varied daily avocation, together with the abuse of wine and the apprehensions attending the historical events which occurred at Rome in 1849. On his arrival at St. Margaret, he appeared quiet and tranquil, then suddenly he commenced refusing food. At night he was sleepless, but without special disturbance. His disease assumed the form of "mania agitata"—that is, rather of agitation than of fury, the most prominent symptom being the refusal of food. There was also some cardiac derangement of nervous character, and an obstinate constipation. In fifteen days there were lucid intervals. The treatment consisted of baths, purgatives, emetics, frequent clysters and vesicatories. He recovered.

Case IX. *Monomania Politico-Religiosa*.—This patient was a physician, of low stature, dark complexion and eyes, and bilious temperament, with some hepatic obstruction. The historical events of Rome, in 1849, predisposed him to insanity. He forsook his profession, and (being from the country) took refuge in Perugia, which was then under Austrian protection; whilst there, for a fortnight he was in prison. The treatment, resulting in recovery, appears to have been purgatives (de-

obstruents) and baths. As an occupation, he was assigned the task of copying an article on mental alienation, (a translation from Signor Dalberg's Dictionary of Medicine, vol. 1, article, Mental Alienation.) On recovering, he soon regained his practice, so great was the confidence of the public in his skill.

Case X. *Acute Hystero Mania*.—Of the various cases of this character treated by the writer during late years, the present was the most grave in its symptoms. The patient was the wife of a baker, aged 30, of low stature, robust in form, of florid complexion, eyes black and sparkling, and with an animated countenance; endowed with every virtue, religious and domestic, habitually talkative and otherwise gay, of sanguine temperament, and naturally inclined to matrimonial indulgence. After the birth of a daughter she became barren, and her menstruation grew sluggish and scanty. From the fatigues of her occupation, the great heat of the oven, labor at night, and a partial abuse of wine and of conjugal pleasures, hystero-mania of high grade set in, presenting at the outset phenomena which were more or less intense and constant for the long period of ten months. On her admission she was much excited, with countenance distorted by abnormal twitchings, with eyes sparkling and bold. Every motion betokened a violent irritation in the sexual organs, to which she would convey her hands in order to produce friction. All who approached her she met with violence and angry gestures. The straitwaistcoat was applied, and she was given a warm bath, prolonged with the cold douche to the head. An emetic was also administered. After some rest, she commenced uttering loud cries, pulling up and tearing her clothing, laughing immoderately, and exhibiting obscene actions. The baths were continued, with the addition of a suitable diet and calomel, to overcome the obstinate constipation. Menstruation not appearing, was replaced, as it were, by leucorrhea, serving still more to excite the genitalia. Leeching was then used, (emeroidale,) and next a vesicatory to meet an apparent tendency to paralysis. And for the immobility of the right arm, opodeldoc was resorted to, through which means the torpor gradually disappeared. Other grave symptoms followed—tearing the hair, compressing the uterus with her fists, urinating in bed, chipping the wall and refusing sustenance. For three weeks subsequently she continued to show maniacal symptoms. A light bleeding was then adopted, and she went on with the baths. Later, the tincture of iron and saffron was administered in a saturated decoction of maiden-hair,* and she likewise engaged in a little work. Subsequently, on the occurrence of a heaviness in the

* *Adiantum pedatum*.

head, and a weight in the uterine region, a full bleeding in the foot was employed. She recovered.

Case XI. Was one in which the patient, a canon, imagined himself possessed by an evil spirit; the alienation came on after a fever, and resulted in death. The treatment consisted of bland purgatives, clysters, emeto-acidulated drinks; vesicatories and sinapisms were used ultimately; the camisole, bath and the douche; the autopsy of this case is also given, but we must hurry on to a close, and have therefore no room for such details.

Case XII. Merely remained for a short time in the hospital, and ultimately committed suicide, being essentially so inclined. The only circumstance of note requiring mention here is the treatment of a diarrhea, with which he was seized on the 8th day of his stay at St. Margaret—it consisted of a refrigerant diet, and the pulp of tamarinds and cassia, with an emulsion of gum arabic.

Case XIII. Was an Englishman who attempted suicide. A purgative treatment, and occupation of the mind by translating *Metastasio*, were the curative means employed. He recovered.

Case XIV, and the last, was one of *peurile dementia* in connection with epilepsy. The patient, Marietta Scarsella, of Rome, was previously a healthy child, both as to mind and body, when, at three years of age, she experienced an attack of epilepsy, after having been frightened. No great increase of morbid symptoms occurred until she was five, when her mind began to weaken, and, when eight years of age, she was admitted into the hospital of St. Margaret, on the 23d of December, 1849. After an attack of fever in March, she was placed on a depurative decoction; and in June the antimonial friction advised by Autenrieth was applied to the head. This produced so profuse a secretion from the consequent eruption, as to require astringents for its diminution, and tonics for the debility that ensued. Counter-irritation was, however, continued, and with such apparent benefit, that, in September, 1851, she had not experienced an access of epilepsy since the previous March, whilst her mind had decidedly improved, so that she was discharged on the 18th of September. With reference to the permanence of the amelioration in the case of this unfortunate, it should be remembered that Dr. Massari's report is dated only in the following June, (1852). And, moreover, we observe that, in speaking of her amendment, he alludes to her "learning, prayers, and to cross herself"; now it may be mentioned that there is not a more common symptom of epileptic insanity than an exaltation of the religious feelings.

ARTICLE V.

BIBLIOGRAPHICAL.

REPORTS OF AMERICAN ASYLUMS.

- I. *Thirty-sixth Annual Report of the Physician and Superintendent of the McLean Asylum for the Insane, to the Trustees of the Massachusetts General Hospital, January 25th, 1854.*

Dr. Bell introduces his report with some remarks upon the change that has taken place in regard to the nature of the information necessary to be given to the public in the annual reports of our Insane Asylums. He expresses the opinion that the demand which existed in former years for the publication of full and detailed reports has been met, and that now—

“Good taste and propriety are no longer in antagonism with philanthropy, as to spreading to the world the often painful incidents connected with a sad disease and its victims. It would ever be an easy service to furnish a prolonged and interesting narrative of the cases of an Asylum, were the motives now allowable which formerly justified such communications with the public.”

The admissions, discharges and results at the McLean Asylum, from its opening, Oct. 6, 1818, are stated as follows:

Admitted,.....	3,763
Discharged,.....	3,568
Died,.....	306
Much improved, &c.....	1,519
Recovered,.....	1,743
	<hr/> 3,568
Patients admitted under Dr. Wyman,.....	1,122
“ “ “ Dr. Lee,.....	189
“ “ “ Dr. Bell,.....	2,482
	<hr/> 3,763

“The elements on which the general figures for the past year are grounded are these: Patients *recovered*, males 30, females 28; *much improved*, males 7, females 5; *improved*, males 7, females 6; *not improved*, males 12, females 8; *died*, males 7, females 10. Sixty-one males and fifty-three females, making a total of one hundred and fourteen,

have been admitted, which, with those in the house at the close of the year, present an aggregate of three hundred and fifteen who have been under care."

The propriety of placing patients of the wealthy class in apartments detached from the main building, and surrounding them with the luxuries to which they have been accustomed, has been seriously doubted by some hospital physicians. The erection of the Appleton Wards of the McLean Asylum will decide the utility of such an arrangement, in connection with American Asylums. The liberality which prompted the undertaking is certainly deserving of ample reward, and we are gratified to learn that the results are, thus far, satisfactory. Their present condition and the objects they are designed to accomplish are thus described:

"The Appleton Ward for males, the only one which has been opened for patients, has the most of its rooms occupied, and the prospect is that there will be a demand for this entire class of accommodations at an early day. Already the double object anticipated by the benevolent and far-sighted proposer—that of providing much ampler accommodations for a class of patients whose means and habits render them eligible, and rendering an important aid to the financial affairs of the Asylum—has been secured. Every dollar realized from the liberal remuneration received from the occupants of these Wards, will enable a corresponding reduction of burdens to the less fortunate inmates. It will prove an arrangement which will benefit all parties and injure none. The friends of the wealthy can rejoice that those in whom they have a deep interest can receive, in their sickness and affliction, the same order of comforts which they could enjoy at home. Those of narrower means will reap the satisfaction of feeling, that those in whose welfare they are concerned are in possession of much higher advantages than a mere equivalent for the outlay on their account would justify. The patients themselves, in these rich and spacious quarters, can draw no unfavorable comparisons with their situation at home, and are spared one pang in the distresses incident to their disease. The only drawback suggested or anticipated—that the patients who did not enjoy the new accommodations might indulge a certain sentiment of jealousy towards their more fortunate associates—has never yet been manifested."

II. *Reports of the Trustees and Superintendent of the Butler Hospital for the Insane, presented to the Corporation at their Annual Meeting, Jan. 25th, 1854. Providence, 1854.*

The results of this institution for the year 1853, are embodied in the following table:

	Males.	Females.	Total.
Remaining Dec. 31st, 1852.....	64	78	142
Admitted during 1853	45	47	92
Total number under treatment.....	109	125	234

Discharged recovered	44
" improved	27
" unimproved	5
Died	22
	—
	98

Remaining Dec. 31st, 1853—males, 63; females, 73; total, 136.

Dr. Ray, in previous reports, has expressed the opinion that insanity is increasing among us, and in the one under review, he discusses at length the causes which tend to multiply it. In speaking of the impossibility of demonstrating clearly the correctness of his opinion, owing to the inaccuracy of all statistical information, he relates the following incident in illustration:

"After recounting to me the freaks and delusions of one of his neighbors—sufficient, apparently, to remove any doubt as to which division of the race he belonged—the narrator added very coolly, 'but I did not enumerate him among the insane when I was employed by the marshal to take the census in our district, in 1850.' 'Why not? he was crazy enough, surely, according to your own description.' 'O, he knew some things as well as ever,' was the reply. How many of those who were employed to take the last census were fairly represented by this worthy, it would be needless to inquire. It is enough for the present purpose, that it illustrates the fact, that, to collect the statistics of insanity, something more is required than an exercise of the senses and an elaborate array of figures."

The opinion of Esquirol that insanity is a disease accompanying civilization, and steadily increasing with every advancing step in the path of refinement, seems to be fully concurred in. It is not asserted that there has been no improvement in the physical and mental condition of the race, but that adverse influences have been steadily deteriorating the health of the nervous system, and that science and philosophy have not been sufficient to counteract the evil effects of fashion, folly, carelessness and presumption. M. Guislain, in his recent work, arrives at the same conclusion.

Attention is directed to the physical agencies concerned in the increasing prevalence of insanity, and it is in a combination of causes that most cases of mental disease are thought to have their origin. Intemperance is given a prominent place, but its influence is thought to be somewhat overrated. Of the cases admitted into the Butler Hospital, about nine per cent. are traced to this source; the late Dr. Woodward placed the ratio as high as fifteen per cent.

The form of insanity produced by the involuntary and irresistible propensity to drink is very fully and accurately described, and the cu-

rious mental and moral obliquities observed in these cases commented on. We give the concluding remarks:

"This account of these persons does not indicate, certainly, a very healthy condition of mind; but, inasmuch as they are apparently rational, after the first day or two, both in conduct and conversation, they cannot be called insane in the ordinary acceptation of the term. And here occurs the difficulty to which we are subjected as a public institution exercising its functions under an act of the Legislature. On complying with certain conditions, we are authorized to hold in confinement persons who are insane; but no law of the land would justify us in depriving men of their liberty for any other cause, however commendable the object. Now, the class of persons in question, while in the paroxysm, or suffering under its immediate effects, may, in any proper sense of the term, be called insane, and so long we have an unquestionable right to hold them. When, however, this condition passes away, as it usually does within a few days or weeks, and the mind resumes its perfect consciousness, what are we to do? The person claims his liberty, while nobody doubts that he would use it only to advance another step in the road to bodily and mental ruin. Here seems to be a conflict of duties, and with every disposition to do right, I do not see how we can help compromising either the happiness of families or the rights of individuals. The friends are desirous of giving the person the benefit of the only measure which promises relief—a protracted abstinence from intoxicating drinks. The measure is prompted by kindness and duty, but nothing short of confinement will ensure its accomplishment, and they appeal to us to aid them in their laudable design with the means and appliances at our command. Prompted by similar motives, we consent to receive the person and give him the benefit of the peculiar discipline and management of a hospital for the insane. In most cases we encounter no opposition. The person may protest against the measure which deprives him of liberty, but he fails to obtain any support or countenance. The right of friends or guardians to subject him to any reasonable management which promises to restore his appetites and passions to a healthy condition, remains unquestioned, and we are as little disturbed by meddling interference as in any other class of cases. But it occasionally happens that the person invokes the aid of those who disregard altogether the moral aspects of the case, and we are threatened with the terrors of the law, for holding in confinement men who are neither insane nor guilty of crime. This is an embarrassing position. On the one hand, we are prompted by a sense of right and duty to avoid all doubtful constructions of the law. On the other, our sympathies are excited by the agony of friends whose hearts have been torn by repeated outrages upon public order and the peace of the domestic circle; whose strongest efforts have been needed to avert painful exposures, if not the most disgraceful penalties of the law; and who dread the renewal of those scenes in which every sentiment of delicacy, honor, propriety and right seemed to have given place to a savage, groveling fury. Whatever course we take—whether we shun collision with the law by yielding at once to its demands, or, strong in the rectitude of our intentions and objects, pursue the even tenor of our way and abide the consequences—we assume a responsibility which ought not, in justice, to be imposed upon us. It would seem, then, to be

a very proper conclusion, that if we are expected to receive the class of persons in question, we must be invested with the requisite legal authority. Let the Legislature enact that habitual drunkenness shall be subjected to all the disabilities of insanity, and then we may engage in a work of humanity without infringing upon the right of individuals."

The following reference to a cause of insanity lamentably frequent among the young, is deserving of particular attention. Parents and teachers of youth, in our country, have too commonly fallen into the error of giving undue prominence to the cultivation of the intellect, to the utter neglect, often, of the laws that govern our moral and physical nature. The vice referred to, according to our observation, is contracted at an early age, before the social influences described are felt, but they, doubtless, serve to confirm the habit.

"In previous reports I have alluded to a form of insanity peculiar to the young, and attributable entirely to vicious indulgence. Without being exposed to any obvious predisposing or exciting cause of disease; at the moment even when the youth is giving the fairest promise for the future, a blight falls upon his mind, and after a brief period of uncertain and equivocal manifestations, he rapidly slides into a grave and hopeless insanity. Year after year, as he passes through its successive stages, he becomes more loathsome and repulsive, until, finally, every vestige of proper humanity has disappeared, and nothing but a clod of earth remains. At the Massachusetts hospital in Worcester, this class of cases is represented to amount to about six per cent. of the whole number admitted. With us they somewhat exceed this proportion. That it has been increasing in frequency, of late years, there can scarcely be a doubt. It is only within a few years that the vice in question has been distinctly recognized as a potent cause of disease, and even at this moment, in some of the hospitals of Europe, it might not be possible to discern its influence in a single case. It may be supposed that a cause, depending, like this, on one of the instincts of nature, has always been active, and that if its agency has not been generally recognized, it was because it never received the proper attention. But, after making every allowance, there is reason to believe that this form of disease has been increasing with all the contrivances of luxury incident to the progress of civilization. Abundance of stimulating food, allurements of dress, refinement of manners, frequent and intimate social intercourse between the sexes, and, above all, a species of literature especially designed to inflame the passions and fill the mind with seductive images,—these are incidents which, whether regarded individually or collectively, have no where and at no time been so widely prevalent as in this country during the last fifty years. They constitute the origin of much of the kind of insanity we are considering, and sufficiently explain why it should be more common in American than European communities."

The manner in which modern civilization is conceived to exert a prejudicial influence is thus described :

"Another prolific cause of insanity, not yet duly estimated, is to be found in that consumption of the vital energies produced by the manifold exigencies of civilized life, and often manifested, sooner or later, in weakened or disorderly action of the brain. In the struggle which is incessantly maintained between the vital forces and the adverse influences with which modern life is crowded, the former give way, with a degree of frequency peculiar, I apprehend, to modern times, and especially to our own country. There never was a time when brains were more rapidly used up, as the phrase is, in one way or another, in consequence of the great and prolonged activity of the vital movements to which they are subjected. In the struggle for wealth, power or distinction, or even for the privilege of living at all, success requires continuous attention, intense application, and a strain of all the faculties, to an extent that was once comparatively rare. On the farm, in the work-shop, in the counting-room—in every department of business and in every channel of human enterprise—the call for cerebral effort is urgent and unrelenting. This call must be answered, and many there be that break down under the unnatural task which it imposes."

Among the causes that hasten this result, impure air and neglect of proper bodily exercise are pointed out as the most frequent, among those whose minds are actively employed. Improper food is generally associated with these, and the injurious effects of this cause extends to all classes of our people. We make room for the following extracts, and regret that our space will not allow us to extend them still farther :

"Of all the physical agencies that have served to increase the prevalence of insanity, none has been so effectual as its hereditary character. It is an undisputed fact that mental and physical qualities are not more surely transmitted from parent to offspring than tendencies to disease. Without troubling ourselves to inquire very minutely into the theory of the matter, it is sufficient for our present purpose to state the simple fact, that one is more likely to suffer certain diseases which his parents did before him, than others are whose parents were not thus afflicted. In no disease is the hereditary character more strikingly manifested than in insanity. Where the offspring of a person once insane is tolerably numerous, and their lives are prolonged to adult age, it seldom happens that one or more of them does not also experience an attack. The proportion of cases having an hereditary origin is differently estimated by competent observers, the difference ranging from one-fourth to six-sevenths of the whole number. It must be borne in mind that all these estimates embrace a considerable number in regard to whom we have no information at all, but which probably includes the ordinary proportion of hereditary cases.

"Sometimes the offspring, though never suffering an attack of insanity, present an habitual condition not very remote from it, characterized by strong mental peculiarities, regarded, perhaps, as whims, oddities, or eccentricities, but which are as dependent on some physical condition, and as little under the control of the will, as the most striking manifestations of disease. In the next, or third generation, we may witness the development of unequivocal insanity.

"Of all the physical causes of insanity none should be more carefully heeded than this, because it is, at the same time, the most prolific and the most easily avoided. In fact, however, none seems to be so little heeded—in this country, at least—and people go on forming alliances for life as if it were a fanciful speculation instead of a very serious fact."

"The operation of the physical causes here mentioned is aided, in this country, there is much reason to believe, by peculiar atmospherical conditions. This is not the place for discussing the scientific question, but of the general fact that our climate produces a remarkable degree of nervous excitability, and thereby favors the development of insanity, I think there can scarcely be a doubt. That our people are distinguished by restlessness, impulsiveness, impetuous and boisterous movement, may be regarded as a fixed fact. That this trait is to be attributed to atmospherical influences, is rendered probable both by the absence of any other adequate cause, and by the greater excitability which accompanies insanity in this country, as compared with others. This character of the disease strikes the most superficial observer in passing through the galleries of American and European hospitals for the insane. In the former, especially those of the northern and the eastern States, more excitement will meet his notice in a single visit than he will see in the latter, particularly the English, in a whole week or month. And yet this excitability is but little less apparent in the Germans, Irish and English, who abound in our hospitals, than in the native Americans."

III. *Report of the Pennsylvania Hospital for the Insane for the year 1853. By Thomas S. Kirkbride, M.D., Physician to the Institution. Philadelphia, 1854.*

At the date of Dr. Kirkbride's last report there were 215 patients under treatment; 191 have since been admitted and 171 discharged, leaving 235 in the hospital at the close of the year.

There were discharged cured,.....	88
" much improved,.....	16
" improved,.....	38
" stationary,.....	14
Died,.....	15
	<hr/>
	171

Of those discharged cured thirty-eight had been under care less than one year, four only for more than one year.

The work-shop and mechanical department, the evening entertainments, libraries, museum and reading rooms have all given satisfactory evidence of their continued usefulness in promoting the comfort and recovery of patients.

To afford additional facilities for patients to ride out, a carriage road has been made on the Asylum grounds. Horse-back exercise has also been introduced, and much gratification is expressed at the result.

The consideration of the question of the increase of insanity, and whether sufficient provision is made for the insane of Philadelphia and vicinity, occupies many pages of this report. Assuming that the general impression is correct, that mental maladies are increasing in a greater ratio than the population, the causes are sought for, in the increased activity of all classes of our population, the mental and physical labor without relaxation, often encroaching upon the hours of rest, the neglect of proper training in childhood and youth, and the trashy literature with which our country is flooded. These causes, it is stated, might reasonably be expected to produce increased insanity; but the opinion is expressed, in conclusion, that the increase is only apparent.

The causes enumerated are certainly in active operation among our people, and we know of no counteracting influence developed by modern progress sufficient to neutralize their effects. But we give the following extract, expressive of the author's views upon this point:

"The more common provision of institutions for the treatment of the insane, the various ameliorations that have been made in their condition, the more prevalent belief that insanity is a curable disease, and, above all, the growing conviction that there is no more stigma to be attached to an individual for having functional disease of the brain than of the stomach or any other organ, or that a resort to what all experience has shown to be the most speedy, safe and certain means of cure is any more a reproach than leaving home to effect a restoration from any other malady, have brought more prominently before the public those who are laboring under this disease. In past days, many of these would have been kept out of observation, and if thought to be incurable, their very existence concealed, and an effort made to have the memory of them forgotten. This change of public sentiment, and the course now generally adopted for the relief of those suffering from insanity, might thus lead a careless inquirer to regard as conclusive proof of an alarming increase of the disease, what is only among the good results of an improved public opinion on the subject."

The following extract gives the number of insane in Pennsylvania, and the provision at present made for their accommodation:

"At the present time, Pennsylvania, with a population of above two and a half millions, has provision for about 930 insane. At the end of 1840, with a population of 1,724,033, she could accommodate over 600. In 1830, she was prepared to treat in public institutions more than 400, while her population was 1,348,233.

"Philadelphia in 1830 had accommodations for 385 insane, with a population of 188,961. At the end of 1840, with a population of 258,037, she could provide for about 530, and now, with half a million of inhabitants, her different institutions can receive 630 patients.

"The increase of accommodations for the insane since 1830 has been made almost entirely by the erection of the State Hospital at Harrisburg, some additions to the insane department of the Philadelphia

Alms-house, and an extension of our own institution to receive about one hundred more patients than were formerly provided for, when the insane were treated in the hospital in the city.

"The lowest estimate by careful inquirers makes at least one insane person for every thousand of the population, so that while in 1830 it was universally conceded that there was no proper provision for any considerable part of the insane of Pennsylvania—nearly 400 being then provided for—our increase of population since that period should give us at least 1,000 additional, while our accommodations have been extended for only about 500; so that, except in their greatly improved character, we are really no nearer providing for our insane than we were in 1830. The fact that Pennsylvania has within her limits, at this day, not less than 2,500 insane, and hospital accommodations for only 930, shows how much is yet to be done in this great work."

In conclusion, Dr. Kirkbride makes the following recommendation :

"That a new Hospital, replete with every modern discovery, and all the improvements suggested by a large experience, and capable of accommodating 200 male patients, should be erected on the seventy acres of land now comprising the farm of this Institution, and directly west of its present inclosed pleasure-grounds; while the present buildings, with everything included within our external wall, should be given up for the exclusive use of a similar number of females."

The separation of the sexes in Insane Hospitals may have some advantages. It has been advocated by some French and German writers, but as far as our knowledge extends has only been adopted at the large hospitals of Salpetriere and Bicetre. These hospitals, however, are not exclusively for the insane, but are mostly filled with the aged and infirm.

IV. *Eleventh Annual Report of the Managers of the State Lunatic Asylum of the State of New-York.* Albany, 1854.

The report of this institution, from the number of its patients, and the interesting results to be deduced from its statistics, must always command public attention.

	Males.	Females.	Total.
Number of patients remaining at date of last report,...	215	210	425
Admitted during the year,.....	251	173	424
Whole number treated,.....	466	383	849
Discharged recovered,.....	92	74	169
" much improved,.....	11	10	21
" improved,.....	26	19	45
" unimproved,.....	76	53	129
Died,.....	19	20	39
	227	176	403
Remaining November, 30, 1853,.....	239	207	446
Average number resident during the year,.....			423

"The number of admissions has been greater by thirty-four than last year—fifty-one more men and twenty-seven less women. The number of males admitted has exceeded that of any previous year in the history of the institution. The diminished number of females was owing to the progress of improvements hereafter to be mentioned.

"Notwithstanding the large number received, sixty applications were refused; and the refusals would doubtless have been augmented, had not certain parts of the State become acquainted with our condition, and treated many of the insane in county houses, who otherwise would have been sent to the Asylum. No patients of the pauper or indigent classes were refused, although admission was sometimes delayed. The numerous applications for the admission of urgent cases compelled us to require the removal of many public and private patients, whom a wise economy, both as regarded counties and friends, would otherwise have detained here. Some returned to their families, others to county houses, and a few, after repeated efforts, were enabled to gain admission to institutions in other States. Forty-seven were thus discharged, each one of whom being equivalent to a refusal, makes a total of one hundred and seven persons for whom we have been unable to afford accommodation.

"The removal of the insane to county houses must always be a source of regret, especially while partial reason remains. Some of those sent away were harmless, helpless creatures, requiring great care and constant watchfulness, more than could possibly be given them in ordinary county houses. Others were noisy, furious persons, who in a well-regulated Asylum could be made tolerably comfortable, and cared for without restraint or seclusion, but in a poor-house would be doomed to both most of the time. In some of these, habits of industry and cleanliness had been acquired, and were practiced mechanically, while under the vigilant supervision of responsible attendants, but which would soon be given up when left to themselves and the surveillance generally exercised in poor-houses.

"It is always sad to see these cases go, and feel the certainty of the fate before them; still it is necessary, and must be continued until adequate accommodations are provided for all the insane. They must be removed in order to make room for recent cases constantly pressing for admission. This, we say, is necessary in the existing state of affairs, but it cannot be considered expedient in economy or sound in principle.

"This important subject has been alluded to in the reports since 1848. Then Dr. Brigham found it necessary to send away unpromising cases, and the necessity has steadily increased. We are happy to state that many county officers plead for the prolonged residence of patients while there is any hope of improvement. This pleasing fact shows that public opinion is in favor of that enlightened policy which can perceive error in placing insane, diseased persons in houses erected only for the care of the poor, and that it is trespassing upon the rights of both these unfortunate classes to place them thus indiscriminately together. The insane are so much given up to their tempers and passions as to render them unsuitable for association with the ordinary inmates of county houses, who too frequently are unable to govern themselves in the same respects. Should it not be considered a principle in political economy and morals, as it is in medicine, that all the insane require treatment in special establishments? The erection of another asylum was men-

tioned in the last annual report, and recommended by his Excellency Governor Seymour, in his annual message, January, 1853."

We give this year the statistics of the Asylum from its opening, January 16, 1843, to December 1, 1854:

Total number of admissions.....	3,923
" discharges	3,477
" discharged recovered	1,625
" " much improved	55
" " improved	598
" " unimproved	753
" died.....	446

The following table, showing the per-centage of recoveries on the average population, and the admissions of each year, is valuable:

ON AVERAGE POPULATION.				ON ADMISSIONS.		
Year.	Average population.	Recovered.	Percentage	Admitted.	Recover'd	Per-centage.
1843	109	53	48.62	276	53	19.20
1844	236	132	55.93	275	132	48.80
1845	265	135	50.94	293	135	46.07
1846	283	133	46.99	237	133	39.46
1847	415	187	45.06	428	187	43.69
1848	474	174	36.70	405	174	42.96
1849	454	203	44.71	362	203	56.07
1850	433	171	39.49	367	171	46.59
1851	440	112	25.45	366	112	30.60
1852	441	156	35.37	390	156	40.00
1853	423	169	39.95	424	169	39.85

The plan for warming and ventilating the building by steam, recommended in the report of last year, was adopted, and the description of the work occupies several pages of the document before us. The work upon one-half of the house was commenced early in the spring, and occupied the entire season. The construction of the air chambers in the basement by the removal of the cross walls, and the cutting down and rebuilding the corridor walls for the warming and ventilating flues, was attended with great difficulty and expense. The new building erected is thus described:

"The boiler house, constructed especially for this purpose, and placed in the rear of the Asylum buildings, at a distance of one hundred feet from them, is one hundred and thirty feet long by forty wide, built of brick, two stories high, with slate roof. The first floor is divided into

four apartments; one for the blowers, one for a wash house, one for an engine room, in which is placed a thirty-horse power beam engine, fourteen-inch cylinder, and four-feet stroke, for pumping water, driving the blowers, and for propelling the washing machinery, and a boiler room forty feet square, in which are set the two drop flue boilers, eight feet in diameter and twenty-six feet long. The boiler flues are twelve inches in diameter, placed in three ranges, six flues in each range; thus carrying the heat three times through the boiler, thence passing along the under surface of the boiler, giving to each boiler fifteen hundred feet of fire surface. The boilers connect with the chimney stack by an under-ground flue, three feet six inches in diameter. The chimney is one hundred feet high, in shape of a gently tapering octagon, ten feet in diameter at the bottom, built of brick, resting on a granite base. The smoke flue in the chimney is three feet six inches in diameter, rising sixty feet, surrounded by an air space for ventilation of the rear buildings. The boilers send off their steam by a ten inch main, and the condensed water returns by a four-inch main, and is raised by a steam pump into the boiler."

The steam from the boilers, above described, passes through the main pipe to the building, and is distributed to the radiating coils in the air chambers, over which a current of air is forced by a large fan-wheel driven by a steam engine. In cold weather it is thus warmed before it enters the patients' apartments; in summer it becomes cooled on its way through the large under-ground passage between the engine-house and main building, and passes into the rooms at a lower temperature than the external atmosphere. The foul air escapes through ventilating flues equal in size to those for the admission of pure air. These terminate in a common trunk in the attic, having its external opening at the cupola. A fan, worked in such a manner, must prove the most reliable means of ventilation yet adopted.

The remainder of the report is filled with the usual details in reference to the shops, farm and garden, with numerous acknowledgments for donations to the library and green-house.

V. Twenty-first Annual Report of the Trustees of the State Lunatic Hospital at Worcester, Massachusetts, Dec., 1853. Boston, 1854.

Dr. Chandler reports the past year to have been one of ordinary prosperity. We give below a tabular statement of the admissions and discharges, and the result of treatment at the hospital:

	Males.	Females.	Total.
Remaining, Dec. 1st, 1852.....	264	268	532
Admitted, 1853.....	136	152	288
	400	420	820

The duration of insanity in the cases admitted was:

	Males.	Females.	Total.
Less than one year.....	55	77	132
More than one	35	25	60
Not ascertained.....	46	50	96
	136	152	288
Discharged recovered	65	80	145
“ improved.....	20	16	36
“ incurable and harmless	20	21	41
“ “ dangerous	8	29	37
Died.....	20	21	41
	133	167	300
Remaining, Nov. 30th, 1853.....	266	254	520
Whole No. in the hospital in the course of the year.....	399	421	820

The average number in the hospital each month varied from 520 to 564, and the average number for the year was 537.

The numerous tables in this report, contain a mass of statistical information, but we omit further notice of them to present some extracts in regard to the crowded state of the institution, and the existing defects in its general construction and method of warming and ventilation.

Dr. Chandler says,—

“As soon as provision elsewhere can be made, the number here should be reduced to four hundred or less. The accommodations here were not designed for so large a number as four hundred. There are many objections to crowding an institution of this kind: It diminishes its remedial power; it adds greatly to the difficulty of conducting it, and increases vastly its liability to accidents, which are avoided in the best ordered establishments only by unceasing vigilance. Crowding together the violent insane is only provoking constant warfare between them. Few, I apprehend, would be found willing to be responsible for such a state of things long, or indeed be able to endure it.”

From the Trustees' report we extract the following.—No comment is required:

“In the middle of summer, the unprecedented number of 567 patients had become residents within its walls. Indications of diseases incident to the season began to show themselves, and created a just apprehension that a fatal epidemic was impending over this crowded, but ill-ventilated establishment.

“In this emergency the Trustees, in the early part of August, decided upon relieving its crowded condition, by sending off one hundred of its inmates, and an order was passed for the purpose. But so soon as it began to be executed, remonstrances and entreaties came back so

earnest from the officers of the establishments to which they were sent, that the order was only partially carried into effect. It was stated by them that their respective establishments were already more than full, and that those sent to them would be placed in a far worse condition than they would be in were they to remain in the hospital; in fact, that they could not be received.

"The fears of an epidemic having subsided with the disappearance of the indications which gave rise to them, and the general health of the patients being as good as ordinary, in the latter part of August, when the order had been only partially executed, its further enforcement was suspended.

"A very large and still increasing proportion of the admissions is of foreigners. This subject has been repeatedly alluded to in former reports, and needs not to be enlarged upon at this time. The facts and suggestions in relation to this matter, contained in the report of the Superintendent, are commended to the consideration of the government. Unless something is done to avert it, the benefits of this institution will soon be denied to our native population, except to such as may be paupers or criminals. It is fast filling up with a class of incurable foreign paupers, which circumstance is already seriously impairing its usefulness as a curative institution. It is also manifest, that further provision must be made for the custody and management of the insane. According to the last census, the hospital provision for the insane, in the whole country, is equal to about twenty-five per cent. of the whole number. In Massachusetts the provision is in a much greater ratio to the whole number, but yet far short of what it should be."

"The location is such as no one would select for such an object at the present time. The land connected with it is altogether too limited, and is badly situated; not permitting to the patients that freedom and exercise in the open air which is desirable in such an institution. The hospital buildings are almost surrounded by city residences, and are not suitable for the uses to which they are put. They are low studded, the stories being only eight and a half and nine feet high in the clear. They are warmed by furnaces in the basements, which are very dangerous, and now nearly worn out. They have already been on fire at least once from them.

"Their ventilation is so imperfect as not to deserve the name. The ventiducts are each but four inches square, opening into attics from which the foul air has no means of escape. It often ascends through one ventiduct, but to return through another. But for the natural ventilation through windows and doors, the contaminated air would often be intolerable. Its evil effects are plainly visible in the appearance of the patients. The frequent occurrence of erysipelas in the hospital is but one of its indices. The tables of mortality show that erysipelas stands at the head of acute diseases in fatality here; while year before last, nineteen cases are reported to have occurred from December to June, without fatality, which may give some idea of the frequency of the disease."

In view of these defects, the Trustees, after discussing the improvements that would be necessary to make the hospital at Worcester a first-class institution, conclude that,—

The duration of insanity in the cases admitted was:

	Males.	Females.	Total.
Less than one year.....	55	77	132
More than one	35	25	60
Not ascertained.....	46	50	96
	136	152	288
Discharged recovered	65	80	145
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" " dangerous	8	29	37
Died.....	20	21	41
	133	167	300
Remaining, Nov. 30th, 1853.....	266	254	520
Whole No. in the hospital in the course of the year.....	399	421	820

The average number in the hospital each month varied from 520 to 564, and the average number for the year was 537.

The numerous tables in this report, contain a mass of statistical information, but we omit further notice of them to present some extracts in regard to the crowded state of the institution, and the existing defects in its general construction and method of warming and ventilation.

Dr. Chandler says,—

"As soon as provision elsewhere can be made, the number here should be reduced to four hundred or less. The accommodations here were not designed for so large a number as four hundred. There are many objections to crowding an institution of this kind: It diminishes its remedial power; it adds greatly to the difficulty of conducting it, and increases vastly its liability to accidents, which are avoided in the best ordered establishments only by unceasing vigilance. Crowding together the violent insane is only provoking constant warfare between them. Few, I apprehend, would be found willing to be responsible for such a state of things long, or indeed be able to endure it."

From the Trustees' report we extract the following.—No comment is required:

"In the middle of summer, the unprecedented number of 567 patients had become residents within its walls. Indications of diseases incident to the season began to show themselves, and created a just apprehension that a fatal epidemic was impending over this crowded, but ill-ventilated establishment.

"In this emergency the Trustees, in the early part of August, decided upon relieving its crowded condition, by sending off one hundred of its inmates, and an order was passed for the purpose. But so soon as it began to be executed, remonstrances and entreaties came back so

earnest from the officers of the establishments to which they were sent, that the order was only partially carried into effect. It was stated by them that their respective establishments were already more than full, and that those sent to them would be placed in a far worse condition than they would be in were they to remain in the hospital; in fact, that they could not be received.

"The fears of an epidemic having subsided with the disappearance of the indications which gave rise to them, and the general health of the patients being as good as ordinary, in the latter part of August, when the order had been only partially executed, its further enforcement was suspended.

"A very large and still increasing proportion of the admissions is of foreigners. This subject has been repeatedly alluded to in former reports, and needs not to be enlarged upon at this time. The facts and suggestions in relation to this matter, contained in the report of the Superintendent, are commended to the consideration of the government. Unless something is done to avert it, the benefits of this institution will soon be denied to our native population, except to such as may be paupers or criminals. It is fast filling up with a class of incurable foreign paupers, which circumstance is already seriously impairing its usefulness as a curative institution. It is also manifest, that further provision must be made for the custody and management of the insane. According to the last census, the hospital provision for the insane, in the whole country, is equal to about twenty-five per cent. of the whole number. In Massachusetts the provision is in a much greater ratio to the whole number, but yet far short of what it should be."

"The location is such as no one would select for such an object at the present time. The land connected with it is altogether too limited, and is badly situated; not permitting to the patients that freedom and exercise in the open air which is desirable in such an institution. The hospital buildings are almost surrounded by city residences, and are not suitable for the uses to which they are put. They are low studded, the stories being only eight and a half and nine feet high in the clear. They are warmed by furnaces in the basements, which are very dangerous, and now nearly worn out. They have already been on fire at least once from them.

"Their ventilation is so imperfect as not to deserve the name. The ventiducts are each but four inches square, opening into attics from which the foul air has no means of escape. It often ascends through one ventiduct, but to return through another. But for the natural ventilation through windows and doors, the contaminated air would often be intolerable. Its evil effects are plainly visible in the appearance of the patients. The frequent occurrence of erysipelas in the hospital is but one of its indices. The tables of mortality show that erysipelas stands at the head of acute diseases in fatality here; while year before last, nineteen cases are reported to have occurred from December to June, without fatality, which may give some idea of the frequency of the disease."

In view of these defects, the Trustees, after discussing the improvements that would be necessary to make the hospital at Worcester a first-class institution, conclude that,—

"The better course to pursue, in the opinion of a majority of the Board, is to make only such repairs as may be necessary for occupying it till another institution can be erected to take its place, and that measures be taken immediately for the purchase of a suitable site, and the erection thereon of the necessary buildings; and as soon as they can be completed, to evacuate the present establishment and sell it. It is believed that the hospital property will sell for enough to defray the whole expense of a new establishment, comprising all the modern improvements, without costing the State one dollar from its treasury."

In the course of their investigations, several members of the Board of Trustees visited the Asylums of New York, Pennsylvania and New Jersey, and they express themselves highly gratified with what they saw. The warming and ventilation of the institutions they examined, and the limited extent to which they saw seclusion and restraint employed, is especially referred to. We are gratified to learn that the Legislature appointed a commission to consider the recommendation of the Board, and report at the next session what shall be done with the Worcester Hospital, and also what further provision shall be made for the insane of Massachusetts.

VI. *Annual Report of the Officers of the New Jersey State Lunatic Asylum at Trenton for the year 1853. Trenton, 1853.*

The Managers of this Institution again urge upon the Legislature the importance of making an appropriation for the immediate enlargement of the building. We quote their language:

"The experience of the last year has greatly strengthened the opinion heretofore expressed, and particularly urged in the last yearly report, of the necessity of enlarged accommodations to enable the superintendent to use the means best calculated to promote the comfort and accomplish the cure of the diseased persons confided to his care.

"There are now two hundred and five patients in the asylum. The estimated number of insane, at the time of the erection of the asylum, was but half the number considered insane in the last census statistics; while, with the rapid increase of population in the State, it is reasonable to suppose that the number of insane has increased proportionally.

"The proposed separation and classification of the patients, according to the state and stage of their disorder, is required to effect a cure, and to prevent the quiet and convalescent from being injured by the presence of the noisy and turbulent.

"From these considerations and the reasons and arguments mentioned in their report of 1852, the managers are fully convinced that the proper management of the Institution, and the efficiency of the means of comfort and cure of the afflicted class of persons for whose benefit it was established, necessarily require the additional buildings for their accommodation. And should the work of completing the building be longer delayed, a resort must be had to the discharge of chronic and incurable

cases among the classes supported at the *public charge*, or of those supported at *private* expense. If of the *former*, then one of the main designs of the institution—that of a public charity—will be defeated; and if persons of the *latter* or paying class, are discharged, or refused admittance for want of room, the income will be so materially diminished that a greatly increased annual appropriation will be required from the State treasury. Also, the character of the institution as a curative establishment will be lowered. Besides, a large number of citizens of the State requiring its relief will be disappointed.

"It would, therefore, appear that motives alike of economy, humanity and necessity, dictate the enlargement proposed."

From the Superintendent's report we take the following statistics :

	Men.	Women.	Total.
Patients in the Asylum, January 1st, 1853,.....	91	91	182
Received since, to January 1st, 1854,.....	56	63	119
Under treatment during the year,.....	147	154	301
Discharged recovered during the year,.....	27	26	53
" improved " " "	9	13	22
" unimproved or stationary,.....	3	1	4
Died,.....	10	7	17
	49	47	96
Remaining January 1st, 1854,.....	98	107	205
Whole number received from the opening of the Asylum, May 15th, 1848, to January 1st, 1854,	320	314	634
Of this number there have been discharged re- covered,.....	108	106	214
Discharged, improved,.....	71	54	125
" unimproved and stationary,.....	7	12	19
Died,.....	36	35	71
Total discharged,.....	222	207	429
Remaining, January 1st, 1854,.....	98	107	205
Total discharged and remaining,.....	320	314	634

Dr. Buttolph also solicits attention to the crowded state of the Asylum, and thinks that the original design of additional wings to the building should be completed without delay. Classification is at present imperfect, owing to the unfinished state of the house. We have room only for a brief extract in regard to the employments and amusements of patients :

"In the various departments of labor many of the patients have cheerfully joined, with the two-fold advantage of increasing the facilities

of the institution for doing good to others, while they directly and positively promoted their own comfort or recovery, or both. Here, as elsewhere, industry promotes both happiness and health. Indeed, it is often quite apparent in the treatment of persons affected with mental disorder, founded, as it always is, on disorder of the brain and nervous system, that exercise of the muscular system is the only condition on which health of body and mind is attainable. Too often, however, this single chance of restoration or improvement is lost, through the limited means of institutions to give, or the unwillingness of patients to take, the exercise required for their relief.

"In the course of another year, we hope to have improvements in the grounds about the building so far finished, that much greater freedom may be enjoyed, especially by female patients, than has hitherto been practicable.

"Among the means for amusing patients, we anticipate great benefit from the free use of the museum and reading room, now in course of erection, and for which the liberal donation was made by Stewart F. Randolph, Esq., of New York. This structure is built of stone, in the octagon form; is thirty-two feet in diameter, surrounded by a portico eight feet in width and lighted from the top. The interior will be finished in one room with octagon sides and ceiling, fitted with cases for containing curious and interesting objects, furnished with tables for books, pamphlets, papers, games, etc., etc., and all of which articles, or the means for procuring them, will be gratefully accepted from benevolent individuals who may desire to contribute in this way to the comfort and cure of those here residing."

VIII. *State of the New York Hospital and Bloomingdale Asylum for the year 1853. New York.*

Dr. D. T. Brown, the physician, presents the following statistics:

	Males.	Females.	Total.
Patients in the Asylum, Jan. 1, 1853,.....	52	67	119
Admitted to Jan. 1, 1854,.....	73	62	135
	125	129	254
Discharged recovered,.....	21	28	49
" improved,.....	15	12	27
" unimproved,.....	20	12	32
Died,.....	13	9	22
	69	61	130
Remaining Jan. 1, 1854,.....	56	63	124

Dr. Brown's report gives a concise statement of the prominent events in the history of the Asylum during the past year. We quote the following remarks on statistics and improvements:

"The terms "recovered," "improved," and "not improved," as used

in reports of this character must necessarily be in some degree indefinite in their signification.

"They represent only the opinion of the reporter on the cases embraced in the opposite numerals. That this opinion will be determined or modified by the observer's temperament is a fact so well known to those familiar with the subject that "the statistics of insanity" are very generally regarded as collections of individual opinions rather than as reliable scientific data. With the sincerest desire to arrive at entire accuracy, it is not unfrequently difficult to determine the exact state of the mind at the moment of the patient's discharge. While in one instance we may be discomfited by the sudden relapse and return of one dismissed as convalescent, our chagrin may be soothed by the assurance that another, whose removal we had strongly resisted as imprudent and critical, has progressed to complete restoration.

"It may even be somewhat questionable whether that degree of improvement which justifies enrolment among the "recovered" can, in every case, be adequately determined, as the patient is leaving the asylum, as yet, unsubjected to the test of association with the world and unexposed to influences which may have produced his disease.

"The marked contrariety of opinion as to the justice of characterizing certain phases of a still existing malady as an "improvement," may well qualify confidence in "the numerical method" of estimating results of treatment in mental diseases."

"The annoyances resulting from insufficient and unsuitable accommodations will shortly be, in a good degree, remedied, and I have the gratifying privilege of congratulating the governors, patrons and friends of the institution upon a prospective future of increased facilities for ensuring the restoration or welfare of its patients, and a fuller realization of that high standard of excellence which should be the aim of all professed friends of the insane, be they patrons or guardians."

"The contemplated modifications of the present buildings will render cheerful and appropriate for their use apartments heretofore confessedly repulsive, and with the new structures now rapidly approaching completion, will greatly improve the classification of our household. In the design and construction of this work, as high a degree of perfection has been sought as the appropriation and the situation of our buildings permitted."

"Allowing as liberal a proportion of space to each as is desirable, the buildings, when completed, will accommodate one hundred and fifty patients."

T. R. B.

SUMMARY.

INSANE ASYLUMS OF CANADA.—“The Medical Chronicle,” published at Montreal, in a brief article on the Lunatic Asylums of Canada, calls the attention of the Government to the absolute necessity that exists for the erection of two additional asylums. The one at Toronto was built for the accommodation of 250 patients, and now has 370 inmates. The following remarks are just and appropriate:

“It is admitted by the best authorities on insanity, that there cannot be anything more inimical to the successful treatment of the insane than an over-crowded asylum. The idea of a building, therefore, calculated to receive 250 persons of unsound mind, receiving an augmentation of its numbers by 50 per cent., is most distressing to contemplate. How Dr. Workman, the present superintendent, manages alone, we cannot conceive; and that there should be a suicide and a death from violence in the institution occasionally, are, we consider, things not to be surprised at. The only matter of astonishment being, that, under existing circumstances, such catastrophes are not of more frequent occurrence. The present condition of the asylum is, we have every reason to believe, not unknown to the authorities; but as yet they have not taken any steps to remedy the evil. Electioneering and railroad speculating, which will undoubtedly assist in adding to the number of those suffering from aberration of intellect, are engrossing the attention of our public men, to the exclusion of the claims which humanity has upon them. The buildings for the deaf and dumb and the blind have not yet been commenced, and the lunatic asylums are allowed to be packed with our unfortunate fellow citizens. Shame on the Government which has allowed such a state of things to exist for a day. We would advise our medical readers to retain their patients at home, or send them to some good foreign institution rather than place them, under existing circumstances, in the Toronto Lunatic Asylum.

“As to the Beauport Asylum, we are persuaded that it is an institution, to use the words of an eminent philanthropist who recently visited it, not objectionable as a quiet residence for a lunatic.

“What we want, then, are two good hospitals for the insane; one to be located in the vicinity of Montreal, the other in Canada West, near a flourishing town or city; each of the buildings to accommodate 250 patients, and to include the most recent improvements introduced into the modern asylums of Great Britain and the United States, no matter what the expense may be.”

INSANE DEPARTMENT OF THE ERIE COUNTY POOR-HOUSE.—Attention has recently been directed to the condition of the Erie County Poor-House, especially to the department for the Insane, by the painful disclosures made by the Buffalo Board of Health. The "Commercial Advertiser," of July 20th, states that on their visit to the house, on the 18th of July, they found that,—

"During the preceding twenty-four hours, 15 insane persons had died of cholera, and that four more were then in collapse and would live but a few hours. This makes a total of 19 deaths in some thirty-six hours, from a house containing only 53 inmates. All these deaths occurred in a building isolated from the main edifice, in which also cholera was prevalent, though not with such an unparalleled mortality."

The construction and ventilation of the buildings are thus described:

"The ground floor is on a level with the earth, paved with bricks, laid directly upon the clap; all the dining, cook and wash rooms are on this floor; and the stench of all the household offices find vent only through the joints of the floor above. None of the ceilings are lathed and plastered, and the foul odors of the basement ascend to the fourth story. There is not a hall in the building, and the ventilators connected with the flues are perfect shams. Throughout the whole house there is a sickening, decaying odor. All these remarks apply alike to both buildings."

In regard to the diet,—

"The Board heard but one story from the employees in the house, and cannot better detail the actual condition of the patients than by giving a resume of the daily fare, its quantity and quality:

"Breakfast.—A piece of bread about five inches square by three-quarters of an inch thick, a little salt pork, with coffee made from barley and sweetened with the cheapest of molasses.

"Dinner.—Same as breakfast, minus the coffee.

"Supper.—Bread and tea.

"Once a week mutton soup.

"As to quality, the nurses said that the bread was never sufficiently baked, and was frequently so sour as to curdle milk. On rolling it on the hand, it worked up into dough very readily. No butter is given on the bread. The pork was rusty, and slippery necks and shoulders.

"For a few days back, they had had some mutton served out. The rations for the day were seen, about two ounces (bone and all) being given to each."

To those familiar with the treatment of the insane, and the care and attention necessary to secure a pure atmosphere even in the best constructed asylums, the *unparalleled mortality* of cholera in a house *constructed and managed* like the Erie County Poor-House, will excite no surprise. It is rather to be wondered at that one-half of its inmates survived the epidemic. No stronger comment on the wrong and inhumanity of providing for the insane in connection with county almshouses could be given, than the facts above detailed.

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"The difficulty in understanding why the Maine Hospital was heated by a warm water apparatus costing so small a sum as \$4,000, arose from a belief that the centre building as well as the wings were thus heated; but when it was explained that this apparatus was used only for the wings, and a calculation was made of the space actually warmed, it was found that the cost per cubic foot of air heated, was about the same as where \$14,000 were given for the fixtures in the new hospital of North Carolina.

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FOREIGN EXCHANGES.

- Bulletin de L'Academie Imperial de Medicine. Tome XIX. Nos. 14, 15, 16, 17, 18 and 19 received. (No. 1 not received.)
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AMERICAN EXCHANGES.

- American Medical Monthly. Edited by Edward H. Parker, M. D.—
New York. Monthly. July, August and September.
- American Journal of Pharmacy; published by authority of the Philadelphia College of Pharmacy. Edited by William Procter, Jr., Professor of Pharmacy in the Philadelphia College of Pharmacy. Bi-Monthly. July and September.
- Boston Medical and Surgical Journal. Edited by J. V. C. Smith, M. D., and Geo. S. Jones, M. D. Boston. Weekly. Nos. 22 and 25 and 1 and 8 inclusive.
- Buffalo Medical Journal and Monthly Review of Medical and Surgical Science. Edited by Austin Flint, M. D., and S. B. Hunt, M. D.—
July, August and September. (April not received.)
- Charleston Medical Journal and Review. Edited and published by D. J. Cain, M. D., and F. Peyre Porcher, M. D. Charleston, S. C.—
Bi-Monthly. July and September.
- Dental News Letter. July. Philadelphia, New York and Boston.
- Iowa Medical Journal. Conducted by the Faculty of the Medical Department of the Iowa University. Keokuk, Iowa. Monthly. July. (March, April and June not received.)
- Journal of the Franklin Institute of the State of Pennsylvania, for the Promotion of the Mechanic Arts. Edited by John F. Frazer; assisted by the Committee on Publication of the Franklin Institute.—
Philadelphia. Monthly. July and September. (August not received.)
- Kentucky Medical Recorder. Edited by H. M. Bullitt, M. D., and John Bartlett, M. D. [New Series.] Louisville, Ky. June.—
(April, July and August not received.)
- Memphis Medical Recorder. Published Bi-Monthly by the Memphis Medical College. Edited by A. P. Merrill, M. D., and C. T. Quintard, M. D. Memphis. July and September.
- Medical News and Library. Philadelphia. Monthly. July, August and September.
- New York Journal of Medicine and the Collateral Sciences. Edited by Samuel S. Purple, M. D., and Stephen Smith, M. D. Bi-monthly. July and September.
- New York Medical Times. Edited by H. D. Bulkley, M. D. New York. Monthly. July, August and September.
- New Orleans Medical and Surgical Journal. Edited by B. Dowler, M. D. Bi-monthly. July and September.
- New Hampshire Journal of Medicine. Edited by Geo. H. Hubbard, M. D. Concord, N. H. July, August and September.

- New York Medical Gazette and Journal of Health. Edited by D. M. Reese, M. D., L. L. D. Monthly. July and August. (April, June and September not received.)
- Nelson's American Lancet. Edited by Horace Nelson, M. D., and Dr. Alfred Nelson. Plattsburgh, N. Y. July, August and September. (March not received.)
- New Jersey Medical Reporter and Transactions of the New Jersey Medical Society. S. W. Butler, M. D., Editor, and Joseph Parish, M. D., Associate Editor. Burlington. Monthly. July, August and September.
- Nashville Journal of Medicine and Surgery. Edited by W. K. Bowling, M. D., assisted by Paul F. Eve, M. D. Monthly. July, August and September.
- New York Journal of Pharmacy. Edited by Thomas Antisell, M. D., aided by Prof. Torrey, Charles Enderlin, M. D., and Benjamin Canavan. Monthly. July, August and September.
- Quarterly Summary of the Transactions of the College of Physicians of Philadelphia. From May 3d to July 9th, inclusive. Lippincott, Grambo & Co. Philadelphia, 1854.
- St. Louis Medical and Surgical Journal. Edited by Drs. M. L. Linton and W. M. McPheeters, M. D. Bi-monthly. July.
- Southern Medical and Surgical Journal. Edited by L. A. Dugas, M. D. Augusta, Ga. Monthly. July, August and September. (April and June not received.)
- The Medical Examiner, a Monthly Record of Medical Science. Edited by Samuel L. Hollingsworth, M. D. Philadelphia. Monthly.— July, August and September.
- The Stethoscope and Virginia Medical Gazette; a Monthly Journal of Medicine and the Collateral Sciences. Published by the Medical Society of Virginia. Richmond, Va. July, August and September.
- The Medical Chronicle, or Montreal Monthly Journal of Medicine and Surgery. Edited by W. Wright, M. D., and D. C. McCallum, M. D. Montreal. Monthly. July, August and September. (May not received.)
- The Law Reporter. F. R. Ramsay, Esq., Advocate, English Editor. L. S. Morrin, Esq., French Editor. Monthly. Montreal, Canada. (Not received.)
- The American Journal of the Medical Sciences. Edited by Isaac Hays, M. D. July. Philadelphia. Quarterly.
- The North-Western Medical and Surgical Journal. Edited by W. B. Herrick, M. D., and H. A. Johnson, A. M., M. D. Chicago.— Monthly. May, June and July.

- The American Journal of Dental Science.* Edited by Chapin A. Harris, M. D., D. D. S., Alfred A. Blandy, M. D., D. D. S., and A. Snowden Piggot, M. D. Philadelphia. Quarterly. July.
- The Peninsular Journal of Medicine and the Collateral Sciences.*—Edited by A. B. Palmer, M. D., Professor of Materia Medica and Therapeutics, and E. Andrews, A. M., M. D., Professor of Comparative Anatomy in the University of Michigan. Ann Arbor, Michigan. July, August and September.
- The Pennsylvania Journal of Prison Discipline and Philanthropy.*—Published quarterly under the direction of the "Philadelphia Society for alleviating the Miseries of Public Prisons;" instituted, 1787.—Philadelphia. July.
- The Southern Journal of the Medical and Physical Sciences,* edited by Drs. J. W. King and W. P. Jones, in the Department of Practical Medicine and Surgery; R. O. Curry, M. D., in that of Chemistry and Pharmacy; B. Wood, M. D., in Dental Surgery; associate editors, F. A. Ramsey, A. M., M. D., of Knoxville, Tenn., and T. A. Atchison, M. D., of Kentucky. Nashville, Tenn. Bi-monthly. (July not received.)
- The Western Journal of Medicine and Surgery.* Edited by Lunsford P. Yandell, M. D. Louisville, Ky. Monthly. June, August and September. (July not received.)
- The Georgia Blister and Critic.* Edited by H. A. Ramsay, M. D.—Atlanta, Ga. Monthly. August. (July and Sept. not received.)
- The Scalpel; an entirely original Quarterly Expositor of the Laws of Health, and Abuses of Medicine and Domestic Life.* Edited by Edward H. Dixon, M. D. New York. August.
- Virginia Medical and Surgical Journal.* Edited by Geo. A. Otis, M. D., and James B. McCaw. Richmond, Va. Monthly. June and July.
- Western Lancet; a Monthly Journal of Practical Medicine and Surgery.* L. M. Lawson, M. D., and T. Wood, M. D., Editors and Proprietors. Cincinnati. July and September. (May and August not received.)
- Worcester Journal of Medicine.* Edited by Frank H. Kelly, M. D.—Monthly. Worcester, Mass. July, August and September.